

PLU Salaried Staff Leave Report

Full Name: _____
PLU ID: _____
Job Title: _____
Department: _____

Leave Period Start Date:

Leave Period End Date:

Day Of Week & Date	Leave Used (Non-Worked Hours)				Total Hrs For Day
	Code	Hours	Code	Hours	
<i>*Example*</i> 6/1/2024	SIC	1.00	VAC	2.00	8.00
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
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Thursday					
Friday					
Saturday					
Sunday					

Leave Codes	
HOL - Holiday Leave	JUR - Jury Duty
VAC - Vacation	BRV - Bereavment
SIC - Sick	LWP - Leave No Pay
SFS - Summer Flex	UCL - Univ. Closure

Total Hours Summary	
Holiday Leave:	_____
Vacation:	_____
Sick Leave:	_____
Summer Flex:	_____
Jury Duty:	_____
Bereavement:	_____
Leave Without Pay:	_____
University Closure:	_____
Total Hours for Period:	

Payroll Only: Weekly Hours Summary			
	Worked	Leave	Total Hrs
Week 1:			
Week 2:			
Week 3:			
Week 4:			
Week 5:			
Week 6:			

Employee Signature & Date

Supervisor Signature & Date

Submit timesheet to the Payroll Office in Admin #106 by the deadline for the period.