

# PLU Salaried Staff Leave Report

Full Name:

PLU ID:

Job Title:

Department:

Leave Period Start Date:

Leave Period End Date:

We are not able to accept incorrect or incomplete leave reports. Please follow the example and fully complete the leave report before submitting.

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

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

Total Hours Summary	
Holiday Leave:	<input style="width: 100%;" type="text"/>
Vacation:	<input style="width: 100%;" type="text"/>
Sick Leave:	<input style="width: 100%;" type="text"/>
Flexible Time Off:	<input style="width: 100%;" type="text"/>
Jury Duty:	<input style="width: 100%;" type="text"/>
Bereavement:	<input style="width: 100%;" type="text"/>
Leave Without Pay:	<input style="width: 100%;" type="text"/>
University Closure:	<input style="width: 100%;" type="text"/>
<b>Total Hours for Period:</b>	

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 leave report to the Payroll Office in Admin #106 by the deadline for the period.