

# 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.

If you did not take any leave during the period please check the box below:

No Leave Taken

Day Of Week & Date		Leave Used (Non-Worked Hours)				Total Hrs
		Code 1	Hours 1	Code 2	Hours 2	For Day
<i>*Example*</i>	6/1/2026	SIC	1.00	VAC	2.00	8.00
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
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Tuesday						
Wednesday						
Thursday						
Friday						
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 Leave Hours Summary	
Holiday Leave:	_____
Vacation:	_____
Sick Leave:	_____
Flexible Time Off:	_____
Jury Duty:	_____
Bereavement:	_____
Leave Without Pay:	_____
University Closure:	_____
<b>Total Leave for Period:</b>	_____

Payroll Only: Weekly Hours Summary	
Week	Total Leave
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.**