

MONTHLY ACADEMIC VACATION RECORD

For the Month of _____

Employee Name: _____

ID #: _____

Department: _____

Day	Date	Time*	Day	Date	Time*
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

* Vacation time off is recorded in minimum half-day increments. Indicate 1 if a full day is taken, and .5 if at least 4 hours taken.

I hereby certify that the time recorded represents actual hours of vacation leave for the period indicated.

Employee Signature

Date

Supervisor's Signature

Date