

**FACULTY SICK LEAVE REPORT**

For The Month Of \_\_\_\_\_  
(All entries are the responsibility of the chair/budget unit director)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Chair/Budget Unit Director's Signature

\_\_\_\_\_  
Date

Report sick leave taken in 1/2 day/whole day increments. Six days of sick leave per contract year may be used for an illness/death in the faculty member's immediate family. Please designate the use of sick family leave taken as SF.

<u>Name</u>	<u>Date(s) Sick Leave Taken This Month</u>	<u># Days This Month</u>	<u>Taken Contract Year To Date</u>	<u>Available Balance*</u>