

SAM HOUSTON STATE UNIVERSITY

LEAVE REPORT

PayPer Beg Date: _____

PayPer End Date: _____

Name: _____

Sam ID: _____

Position Number: _____

Emp. Class: _____

Dept. Name: _____

Org. Code: _____

Check Type of Leave Taken	Date(s) of Absence	Total Hrs.
Vacation		
Sick ¹ <input type="checkbox"/> Self <input type="checkbox"/> Family		
Bereavement ²		
Military		
Jury Duty		
Leave Without Pay		
Other Leave ³		

1. Sick

Family _____

RELATIONSHIP

Yes

No

LIVE IN HOUSEHOLD? **

Statement of Dependency: _____

For absences of more than three working days, a written statement from the attending physician (or other documentation) should be submitted with this form.

**Dependency is defined as "living in the same household" or "totally" dependent upon employee for personal care or services on a continuing basis.

2. The death of my: _____

RELATIONSHIP

NAME OF DECEASED

3. Type of Leave Taken: _____

Please refer to the **Human Resources Policy B-1 Employee Leaves** for further information and details.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE

DATE

APPROVED

DISAPPROVED

DEPARTMENT HEAD

DATE

VICE PRESIDENT

DATE

PRESIDENT

DATE

HUMAN RESOURCES

DATE

RETURN THIS FORM TO THE PAYROLL OFFICE FOR EACH PAYROLL PERIOD TIME IS TAKEN