

### SALARIED EMPLOYEE MONTHLY LEAVE REPORT

Employee Name \_\_\_\_\_

Personal Reference Number (PRN) \_\_\_\_\_

Month and Year \_\_\_\_\_

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

I recognize that if I take any paid vacation prior to my having earned it, the vacation time shall be treated as an advance from UNE to me. If my employment from UNE should end prior to my fully earning any vacation time advanced to me, I authorize UNE to deduct, from my paycheck(s) any monies owed on unearned vacation time. I agree that this electronic transmission of my authorization shall have the same effect as though I signed this document.

Day of the Month	Sick Leave	Vacation Leave	Floating Holiday	Personal Leave	Funeral Leave	Bereavement Leave	Military/Reserve Service Leave	Childrearing Leave	Parental Leave	Jury/Witness Leave	Academic Leave	Total
1												0.00
2												0.00
3												0.00
4												0.00
5												0.00
6												0.00
7												0.00
8												0.00
9												0.00
10												0.00
11												0.00
12												0.00
13												0.00
14												0.00
15												0.00
16												0.00
17												0.00
18												0.00
19												0.00
20												0.00
21												0.00
22												0.00
23												0.00
24												0.00
25												0.00
26												0.00
27												0.00
28												0.00
29												0.00
30												0.00
31												0.00
<b>Totals</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00