

# MONTHLY LEAVE REPORT

NOTE - THIS REPORT IS TO BE SUBMITTED TO YOUR SUPERVISOR AS SOON AS POSSIBLE AFTER THE LAST DAY OF EACH MONTH

|               |      |
|---------------|------|
| FOR MONTH OF: | YEAR |
|               |      |

|           |            |           |            |
|-----------|------------|-----------|------------|
| BANNER ID | FIRST NAME | LAST NAME | DEPARTMENT |
|           |            |           |            |

## Section A

Only to be completed by staff whose normal work week is 35 hours and 7 hours per day. Time off is to be reported in days. Report either one day (1) or half day (1/2).

| Day of month | Days Taken | Type of Leave |
|--------------|------------|---------------|
| 1            |            |               |
| 2            |            |               |
| 3            |            |               |
| 4            |            |               |
| 5            |            |               |
| 6            |            |               |
| 7            |            |               |
| 8            |            |               |
| 9            |            |               |
| 10           |            |               |
| 11           |            |               |

| Day of month | Days Taken | Type of Leave |
|--------------|------------|---------------|
| 12           |            |               |
| 13           |            |               |
| 14           |            |               |
| 15           |            |               |
| 16           |            |               |
| 17           |            |               |
| 18           |            |               |
| 19           |            |               |
| 20           |            |               |
| 21           |            |               |
| 22           |            |               |

| Day of month | Days Taken | Type of Leave |
|--------------|------------|---------------|
| 23           |            |               |
| 24           |            |               |
| 25           |            |               |
| 26           |            |               |
| 27           |            |               |
| 28           |            |               |
| 29           |            |               |
| 30           |            |               |
| 31           |            |               |

| Please total number of days taken for each type of leave – Record Half Day (1/2) as 0.5 |  |
|---|--|
| Annual (A)  |  |
| Sick (S)  |  |
| Special (SP)  |  |
| Bereavement (BR)  |  |
| Overtime (OT)   |  |

## Section B

Only to be completed by staff whose normal work day is other than 7 hours. This section also applies to those staff whose normal work week is less than 35 hours. Time off is to be reported in hours and fractions of an hour.

| Day of month | Hours Taken | Type of Leave |
|--------------|-------------|---------------|
| 1            |             |               |
| 2            |             |               |
| 3            |             |               |
| 4            |             |               |
| 5            |             |               |
| 6            |             |               |
| 7            |             |               |
| 8            |             |               |
| 9            |             |               |
| 10           |             |               |
| 11           |             |               |

| Day of month | Hours Taken | Type of Leave |
|--------------|-------------|---------------|
| 12           |             |               |
| 13           |             |               |
| 14           |             |               |
| 15           |             |               |
| 16           |             |               |
| 17           |             |               |
| 18           |             |               |
| 19           |             |               |
| 20           |             |               |
| 21           |             |               |
| 22           |             |               |

| Day of month | Hours Taken | Type of Leave |
|--------------|-------------|---------------|
| 23           |             |               |
| 24           |             |               |
| 25           |             |               |
| 26           |             |               |
| 27           |             |               |
| 28           |             |               |
| 29           |             |               |
| 30           |             |               |
| 31           |             |               |

| Please total number of hours taken for each type of leave |  |
|---|--|
| Annual (A)  |  |
| Sick (S)  |  |
| Special (SP)  |  |
| Bereavement (BR)  |  |
| Overtime (OT)   |  |

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

This form is confidential. The personal information provided is for leave and attendance management. When this form is submitted access is limited to persons authorized by Carleton University who require the information to perform their duties.

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.