

**LOYOLA COLLEGE IN MARYLAND ADMINISTRATIVE LEAVE REPORT\***

**THIS REPORT IS DUE MONTHLY TO HUMAN RESOURCES, *EVEN IF LEAVE IS NOT TAKEN*. IT WILL NOT BE PROCESSED WITHOUT SUPERVISOR'S SIGNATURE.**

\_\_\_\_\_  
EMPLOYEE NAME – PLEASE PRINT

\_\_\_\_\_  
LOYOLA ID#

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
TELEPHONE EXTENSION

THE REPORT PERIOD IS FOR THE MONTH OF \_\_\_\_\_, 2008

CHECK HERE IF NO LEAVE WAS TAKEN:

**PLEASE LIST DATES AND HOURS TAKEN AND CHECK THE APPROPRIATE BOX(ES)**

DATE(S)	HOUR(S)	VACATION	SICK
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

The section below is for authorized leave taken under **Family and Medical Leave Act of 1993 (FMLA)\***. Use this section only if you are on approved FMLA leave and have the appropriate paperwork on file with Human Resources. Unauthorized FMLA hours will be charged to regular leave.

DATE(S)	HOUR(S)	FMLA VACATION	FMLA SICK	FMLA Parental Leave	FMLA Lost Time
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*FMLA leave is a federal law allowing you time off to take care of a seriously ill child, spouse, parent, newborn, newly adopted or foster child, or for your own serious illness. If you have questions about FMLA or your specific situation, call Human Resources.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date