

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

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

DATE(S)	HOUR(S)	VACATION	SICK

The section below is for authorized leave taken under <u>Family and Medical Leave Act of 1993 (FMLA)*</u>. Use this section <u>only</u> 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
*FMLA leave is a federal law a newly adopted or foster child, o specific situation, call Human l	or for your own seriou				

Administrator's Signature



Supervisor's Signature

