



Report of Leave Taken or Overtime Worked

Department of Sociology

University of Washington
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Monthly Report of Annual Leave/Sick Leave/Compensatory Time/Overtime

Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
 Year: 20

Vacation	Date(s)	# Hours	Sick Leave	Date(s)	# Hours
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
Total			Total		

Personal Holiday	_____	_____	Overtime/ Comp Time Used	_____	_____
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Overtime Worked: Prior approval must be obtained from your supervisor in order to work overtime.	Overtime Worked	_____	_____
		_____	_____
		_____	_____

Printed Name	Date

Employee Signature	Date

Supervisor Signature	Date