

SOUTHERN ADVENTIST UNIVERSITY PAID LEAVE TIME SHEET

ALL PAID LEAVE, EXTENDED SICK LEAVE (LONG TERM), JURY DUTY, AND FUNERAL LEAVE (IMMEDIATE FAMILY) HOURS **MUST** BE SUBMITTED ON THIS FORM AND TURNED IN TO THE PAYROLL DEPARTMENT.

PLEASE TURN IN ONE PAID LEAVE TIME SHEET PER PAY PERIOD.

EMPLOYEE _____ ID# _____ DATE _____

DEPARTMENT/INDUSTRY _____ FULL-TIME _____ PART-TIME _____

TIME REPORTED: (Appropriate box)

PAID LEAVE
EXTENDED SICK LEAVE (LONG TERM)
JURY DUTY
FUNERAL LEAVE (IMMEDIATE FAMILY)

Your relationship to deceased _____

Place of funeral: within 300 miles over 300 miles

IMPORTANT: Report all time on per day basis according to number of hours employee would normally have worked had s/he been on the job.

Date _____ Hrs. _____ Date _____ Hrs. _____

Date _____ Hrs. _____ Date _____ Hrs. _____

Date _____ Hrs. _____ Date _____ Hrs. _____

Date _____ Hrs. _____ Date _____ Hrs. _____

Date _____ Hrs. _____ Date _____ Hrs. _____

Total Hours Off _____

Total Paid Leave Hours _____

Employee Signature _____

Department/Industry Signature _____

Send to **PAYROLL**. If you wish to have copies, please do so before submission.

NOTE: Blank PAID LEAVE TIME SHEETS may be copied as needed.