

# JACKSON STATE UNIVERSITY

## FACULTY AND STAFF EMPLOYEE ABSENCE REPORT

### GUIDELINES FOR COMPLETING AND SUBMITTING LEAVE FORM

**Employee:** Complete, sign and attach document (if applicable) to this leave form and submit to your manager/department head.

**Manager/Department Head:** Your signature authorizes approval for the designated days off. **Please submit the original form to the Office of Human Resources.** *Copies may be retained for departmental and employee's records.*

SOCIAL SECURITY NUMBER:	LAST NAME	FIRST NAME	M.I.
-------------------------	-----------	------------	------

*Please check your pay-stub or Bannerweb for leave balances.*

**EMPLOYEE RESPONSIBILITY:** IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO OBTAIN APPROVAL FOR VACATION FROM HIS/HER MANAGER / DEPARTMENT HEAD . IT IS ALSO THE RESPONSIBILITY OF THE EMPLOYEE TO COMPLETE AN ABSENCE REPORT THE FIRST DAY AFTER RETURNING FROM LEAVE.

**CONDITIONS OF PAID TIME OFF:** IF AN EMPLOYEE DOES NOT HAVE ADEQUATE TIME ACCRUED TO COVER HOURS/DAYS ABSENT, THE EMPLOYEE'S CHECK WILL BE **DOCKED** FOR THOSE HOURS OR PLACED IN A NO-PAY STATUS FOR THAT ABSENCE. PLEASE REFERENCE THE LEAVE BENEFITS POLICY.

**ALL TIME USED MUST BE REPORTED**

SICK LEAVE		PERSONAL /VACATION HOURS		Family Medical LEAVE		JURY DUTY		BEREAVEMENT		MILITARY LEAVE	
START DATE		START DATE		START DATE		START DATE		START DATE		START DATE	
END DATE		END DATE		END DATE		END DATE		END DATE		END DATE	
TOTAL HRS		TOTAL HRS		TOTAL HRS		TOTAL HRS		TOTAL HRS		TOTAL HRS	

BEREAVEMENT LEAVE (*PLEASE STATE RELATIONSHIP*)

MILITARY LEAVE:    START DATE: \_\_\_\_\_    END DATE: \_\_\_\_\_    (**PLEASE ATTACH ORDERS**)

FAMILY MEDICAL LEAVE (FMLA):    CHARGE TO SICK LEAVE:

COMMENTS

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Department Head Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date