

**MILLSAPS COLLEGE**  
**NON-ACADEMIC STAFF EMPLOYEE LEAVE REPORT**

**SECTION I:**

Employee: Date of Employment Vacation days earned per month : ____ Sick days earned per month: ____	Department: Supervisor: Month of
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**SECTION II:**

*PLEASE RECORD ALL LEAVE USED IN DAYS OR PORTIONS OF DAYS  
 ALL FRACTIONS OF DAYS SHOULD BE IN QUARTERS  
 (EX: 1.5 OR 1-1/2 DAYS INSTEAD OF 12 HOURS; .25 OR 1/4 FOR UP TO 2 HRS)*

CURRENT DAY OF MONTH	VACATION DAYS USED	SICK DAYS USED
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
<b>TOTALS</b>		

**SECTION III:**

For Business Affairs Record:	Vacation Days	Sick Days
Balance from previous month		
<i>add</i> time earned in this month		
<i>less</i> time used in this month		
Balance to carry forward to next month		

**SECTION IV:**

I hereby certify that this report is a true statement of leave used for the month stated above.	
EMPLOYEE _____	SUPERVISOR _____