

BI-WEEKLY VACATION and SICK LEAVE RECORD

University of Minnesota - Medical School

Pay Period Start: _____

Department: _____

Pay Period End: _____

Name: _____ Employee ID Number: _____

I hereby certify that the time recorded represents actual hours of vacation and sick leave for the period indicated.

Employee Signature: _____ Phone Number: _____

Please sign and record time in pen. Vacation and Sick Leave time must be taken in quarter hours only.

Show # of hours used

DATE - Week 1	Vacation	Sick	Leave without Salary	Personal Holiday	Comp Time	FMLA
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

DATE - Week 2	Vacation	Sick	Leave without Salary	Personal Holiday	Comp Time	FMLA
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Supervisor's Signature: _____ Phone # _____