

MONTHLY REPORT FOR DAYS OFF - USED/EARNED/CARRIED FORWARD

DEPARTMENT: _____ **DATE OF HIRE:** _____

NAME: _____

MONTH AND YEAR: _____

SICK/PERSONAL DAYS

VACATION DAYS

NUMBER CARRIED FORWARD _____

NUMBER CARRIED FORWARD _____

LESS NUMBER USED THIS PERIOD _____

LESS NUMBER USED THIS PERIOD _____

PLUS NUMBER EARNED THIS PERIOD _____

PLUS NUMBER EARNED THIS PERIOD _____

NUMBER AVAILABLE AT MONTH END _____

NUMBER AVAILABLE AT MONTH END _____

IF YOU ARE REQUESTING TIME OFF FOR NEXT MONTH PLEASE NOTE THE DATES YOU ARE REQUESTING.
IF YOU HAVE TAKEN DATES THIS MONTH PLEASE LIST THE DATES.

FROM _____	TO _____	FROM _____	TO _____
FROM _____	TO _____	FROM _____	TO _____
FROM _____	TO _____	FROM _____	TO _____
FROM _____	TO _____	FROM _____	TO _____

EMPLOYEE'S SIGNATURE _____

DATE SUBMITTED _____

SIGNATURE OF APPROVAL _____

DATE APPROVED _____