

**UTAH STATE UNIVERSITY  
RECORD OF LEAVE**

Name \_\_\_\_\_

Department \_\_\_\_\_

Time taken: Number of hours \_\_\_\_\_ Number of days \_\_\_\_\_

Type of leave taken:

- |                                      |                               |  |
|--------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Annual      | <input type="checkbox"/> Sick | <input type="checkbox"/> Military          |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Jury | <input type="checkbox"/> Compensatory Time |

Beginning \_\_\_\_\_  
Date \_\_\_\_\_ Hour \_\_\_\_\_

Ending \_\_\_\_\_  
Date \_\_\_\_\_ Hour \_\_\_\_\_

Employee taking leave: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator approving leave: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If any of the leave reported above is taken under the Family & Medical Leave Policy, indicate hours here: \_\_\_\_\_

**COPY 1-DEPARTMENT COPY 2-INDIVIDUAL**

---

**UTAH STATE UNIVERSITY  
RECORD OF LEAVE**

Name \_\_\_\_\_

Department \_\_\_\_\_

Time taken: Number of hours \_\_\_\_\_ Number of days \_\_\_\_\_

Type of leave taken:

- |                                      |                               |  |
|--------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Annual      | <input type="checkbox"/> Sick | <input type="checkbox"/> Military          |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Jury | <input type="checkbox"/> Compensatory Time |

Beginning \_\_\_\_\_  
Date \_\_\_\_\_ Hour \_\_\_\_\_

Ending \_\_\_\_\_  
Date \_\_\_\_\_ Hour \_\_\_\_\_

Employee taking leave: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator approving leave: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If any of the leave reported above is taken under the Family & Medical Leave Policy, indicate hours here: \_\_\_\_\_

**COPY 1-DEPARTMENT COPY 2-INDIVIDUAL**