

UTAH STATE UNIVERSITY
Record of Leave

If more than three (3) consecutive days of this requested leave is for 1) maternity, paternity, adoption, or foster care placement; 2) serious health condition of employee, spouse, parent, or child; or 3) qualifying exigency (pertaining to Military Service, NDAA); please also complete the FMLA form.

Name _____

Department _____

Time taken: Number of hours _____ Number of days _____

Type of leave taken:

Annual

Sick

Military

Bereavement

Jury/Witness

Compensatory Time

Beginning _____
Date _____ Hour _____

Ending _____
Date _____ Hour _____

Employee taking leave: _____
Signature _____ Date _____

Administrator _____
Signature _____ Date _____

Please make a copy for retention by employee.

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