

**University of Puget Sound
Record of Vacation/Sick Leave
for Staff Members in Exempt Positions**

Please complete and submit this form to the Payroll Department on the last working day of each month. Please refer to the *Staff Policies and Procedures Manual* and the Human Resources website for important information to help in completion of this form. Your vacation and sick leave balances can be found on your latest check stub or direct deposit notice

Pay Period Dates: _____

ID/Name: _____

Position: _____ **Department:** _____

**Leave Hours Used This Month
(please use decimals)**

Vacation Leave (VAC) _____

Sick Leave

Personal (SIC) _____

Family (SCF) _____

Medical/Dental (SCM) _____

Personal Leave (PER) _____

Bereavement (BRV) _____

Jury Duty (JUR) _____

Military Leave (MIL) _____

Leave Without Pay (LWP) _____

Note to Human Resources:

Convert _____ hours of sick leave to _____ hours of vacation leave (Conversion rate is 40 hours of sick leave to 8 hours of vacation leave). I may convert sick leave hours earned beyond my 600 hours balance.

Staff Member Certification of Conversion Request *Date*

Note to Human Resources:

Staff Member was required to work on the holiday(s). Add _____ day(s) to his/her vacation balance.

“Staff members in exempt positions required to work on holidays (whether actual or recognized) or bonus days will, at the supervisor's or department head's discretion, be granted another day off during the month or will be granted a day of vacation to be taken at a later time.”

Staff Policies and Procedures Manual

Supervisor's Approval for Holiday Worked to Vacation Conversion *Date*

No leave used this month

The above is a true and accurate record of my leave use.

I have authorized the above leave benefits for this pay period.

Staff Member's Signature

Date

Supervisor's Signature

Date