

OCONEE FALL LINE TECHNICAL COLLEGE

PERSONNEL LEAVE REPORT

EMPLOYEE NAME

Last	First	Middle

Beginning				Comments:
Month	Day	Year	Time	
Returning				
Month	Day	Year	Time	

Type of leave and number of hours to be charged

	Hours ANNUAL LEAVE		Hours PERSONAL LEAVE
	Hours SICK LEAVE		Hours OFFICIAL BUSINESS
	Hours SICK LEAVE used for family: (Check reason below)		Hours ADMINISTRATIVE LEAVE
<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Death: Date: Relationship: Other: *			Hours MILITARY LEAVE
			Hours COURT LEAVE
			Hours UNAUTHORIZED Leave Without Pay
			Hours Authorized Leave Without Pay *

TOTAL LEAVE HOURS

Request for Travel Reimbursement – Official Business

(Please attach a copy of the approved report to your Employee Travel Expense Statement form)

Purpose:		Destination:	
Estimated Expenses	Lodging \$	Food \$	Trans \$
Other -			Total \$

Comments:

APPROVED with the following conditions

APPROVED

DISAPPROVED

(Employee's Signature)

(Date)

(Director/Dean/VP/Provost Signature)

(Date)