University of Mississippi DEPARTMENTALLEAVE RECORD

EXEMPT EMPLOYEES

NAME _____ INTERNAL ORDER (I.O.) OR COST CENTER (C.C.) # _____ DEPARTMENT DESCRIPTION _____

EMPLOYEE NO. _____ PAY PERIOD BEGINNING _____ AND ENDING _____

MONTH/DAY																		**TOTALS**
1ST DAY ILLNESS	1DAY																	
MAJOR MEDICAL/SICK LEAVE	SICK																	
PERSONAL/VACATION LEAVE	VACA																	
BEREAVEMENT LEAVE	BRVM																	
JURY DUTY/ADM.	JURY																	
MILITARY LEAVE	MLTR																	
	TOTALS																	

EXEMPT EMPLOYEES

I certify the hours stated above were taken as leave and correctly charged to the above internal order or cost center.

Signature of Employee _____ Signature of Department Head _____

Leave entered in CATS by Time Administrator

Leave Approved in CATS by Time Administrator

This form is to be used to record the leave absences of exempt employees, not time worked. Time should be recorded in hours.

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