GEORGETOWN UNIVERSITY SALARIED EMPLOYEES LEAVE STATUS REPORT

Department Name:	Dept.#:	Pay Period Ending:

Use this form to record **all leave** of less than 30 consecutive days duration taken by **ALL** salaried staff employees. For periods of leave over 30 consecutive days, use a LEAVE REQUEST FORM. It is also used to to record **FMLA leave taken by ALL salaried employees, including academics.**

Section I: Information is system generated. New employees may be added in the blank spaces on last page of print-out.

Section II: Timekeeper records **ALL** time away from work in increments of full working days. Accrued leave balances will be adjusted accordingly.

Section III: To comply with DC/Federal laws, Timekeeper double records any time away from work attributable to FMLA (paid and unpaid) by hours/days. These hours **MUST** be recorded in both Sections II and III, even if for increments of less than a day.

I. EMPLOYEE LEAVE DATA					II. LEAVE TAKEN					III. FAMILY/MEDICAL LEAVE TAKEN		
		ON LEAVE OF ABSENCE	ACCRUED LEAVE			Paid				DC		
NAME	GUID		Paid	Sick	Dates	Sched	Unsched	Sick	Unpaid	Med	Fam	Federal

IV. SIGNATURES

Preparer's Name:

Phone:

Date:

By signing below, I certify that all salaried employees whose names appear above are active or on a leave of absence. If they are not, I have submitted an EMPLOYEE TERMINATION FORM to terminate them from the payroll.

Signature/Date:

3/24/97