

SAMFORD UNIVERSITY HUMAN RESOURCES DEPARTMENT

Closed Period Leave Report

This form should be used to report leave taken during a reporting period that is no longer available for online reporting or as directed by Human Resources.

The form should be signed by your supervisor and submitted to HR at benefits@samford.edu.

MONTH(s)/YEAR: _____

Please list the total number of days for each category.

Date(s) of Absence	Vacation	Sick Leave * (please specify)	Family Medical Leave	Bereavement**	Time Off Without Pay	Use this space to specify relationship for sick leave, bereavement leave or to list military leave or jury duty.
TOTAL DAYS:						

*For Sick Leave, please specify as follows:

Sick – Self

Sick – Illness in Family (specify spouse, parent or dependent child)

** For Bereavement – specify relationship to deceased and attach obituary

Check appropriate box:

F2 (12 month Faculty)

F9 (9 month Faculty)

FA (Administrative Faculty)

MN (Exempt Staff)

CC (Contract Coach)

Employee Name (Type or Print)

SUID

Employee Signature

Supervisor Signature