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## Western Kentucky University Leave Report

Revised April 1, 2007
Instructions: The primary method of reporting leave time taken is through Leave Reports on the Web. Log in to TopNet to access this utility. This form is only used to report leave time taken when the appropriate leave report period on the web has expired.

| Employee Name | WKU ID |  |
| :--- | :--- | :--- |
| Department/Unit | Phone | Today's <br> Date |


| VACATION |  |  |  |
| :---: | :---: | :---: | :---: |
| Please use a separate line for each day <br> you are absent from work. |  |  |  |
| Month | Day | Year | Hours <br> Taken |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Vacation Hours Taken | 0.00 |  |  |


| MEDICAL |  |  |  |
| :---: | :---: | :---: | :---: |
| Please use a separate line for each day you are absent from work. |  |  |  |
| Month | Day | Year | Hours Taken |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Medical Hours Taken |  |  | 0.00 |


| I certify that this record is accurate and accounts for time not |  |
| :--- | :--- |
| worked during the date(s) indicated. |  |
| Employee Signature | Date |

I certify that the information recorded on this form is correct to the best of my knowledge and is in accordance with University policy.

Supervisor's Signature

