

REPORT OF LEAVE IS DUE IN THE HR DEPARTMENT BY 12:00 NOON.

**WESTERN TEXAS COLLEGE
REPORT OF LEAVE**

NAME

PAYROLL DATES

Complete the following, as appropriate.

I was not absent from work during this month.

I was absent from work during this payroll period as indicated below:

<u>Reason</u>	<u>Total Hours Absent</u>	<u>Dates</u>
Personal Illness/Accident	_____	_____
*Compassionate Leave	_____	_____
**Extended Comp./Discretionary(to be subtracted from sick leave.)	_____	_____
Professional (Conventions, Seminars, Field Trips, etc.)	_____	_____
Vacation Hours	_____	_____
Other (Specify)	_____	_____

Signature of Employee

Signature of Immediate Supervisor

*Compassionate leave is for immediate family illness. Immediate family is defined as husband, wife, child, father, mother, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, uncle, aunt, niece, nephew, grandchild, & grandparents. Exceptions to this list may be made by the president of the college.

**Approval form must be attached to Report of leave. Reference Policy 4162.1, Paragraphs 1.c(4) and 1.d(3).