

ACADEMIC FACULTY LEAVE DISCHARGE FORM

NAME _____ DEPT. NUMER: _____

SSN _____

DISCHARGE HOURS

S - Sick Leave Discharge

R - SRP Discharge

PL - Parental Leave

MONTH _____

YEAR _____

DATE	HOURS DISCHARGED	DATE	HOURS DISCHARGED
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

Department Head Approval _____