

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE EXEMPT LEAVE RECORD

Name:

Month:

SSN#:

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

- CODES:**
- A Absences other than the following**
 - B FMLA**
 - C Consultative Services***
 - E Educational Leave**
 - F Funeral Leave**
 - H Holiday**
 - I Injury on the Job**
 - M Military Duty**
 - S Sickness (or Off-Job Injury)**
 - V Vacation**

LEAVE RECORDS ARE DUE NO LATER THAN THE SIXTH OF EACH MONTH

Signature of Employee

Date

Departmental Approval

Date

*Identify Agency/Program Title, City, Etc. involved in Leave
Data Required: Stipulation of Federal Government FLSA/Bureau of Budget