

Faculty "D" Day Report

Name _____

Month _____

% of Full Time _____

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

Reporting Codes - Insert appropriate code for each day:

- D** Required duties were performed that day
- DC** within University guidelines
(Up to 3 days a month)
- P** Personal leave (12 month contract only)
- X** Authorized weekend or non-existent day in month
- 01** Leave without pay
- 11** Annual Leave
- 12** Sick leave not collegially supported
- 14** Military leave
- 17** Jury duty
- 18** Official Holiday
- 19** Administrative leave - paid
- 32** Sabbatical leave
- 36** Sick leave collegially supported

Leave Earnings:

- Annual (12 month contract) 22 days**
- Annual (10 month contract) 15 days**
(To be taken last 15 days of contract)
- Sick (12 month contract) 15 days**
- Sick (10 month contract) 12.5 days**
(Summer contract may earn additional sick leave not to exceed 15 days)
- Personal leave (12 month contract only) 3 days**

Signature of Employee Date

Signature of Immediate Supervisor (if appropriate) Date

Signature of Department Chair Date