

**CENTER FOR ENVIRONMENTAL MANAGEMENT OF MILITARY LANDS
SICK AND ANNUAL LEAVE REPORT**

MONTH: _____

EMPLOYEE: _____
(PRINT NAME)

DATE: _____

I took **SICK LEAVE** for the following days and hours: (Total hours _____)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS

I took **ANNUAL LEAVE** for the following days and hours: (Total hours _____)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS
_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS	_____ _____ DATE/#HOURS

(When leave taken is not Sick or Annual, indicate time as: ML=Military Leave, IL=Injury Leave, JL=Jury Leave)

Signature of Employee

Signature of POC or Supervisor