

SAM HOUSTON STATE UNIVERSITY LEAVE REPORT

PayPer Beg Date: _____

PayPer End Date: _____

Name: _____

Sam ID: _____

Position Number: _____

Dept. Name: _____

Check Type of Leave Taken	Date(s) of Absence	Total Hrs.
Vacation		
Sick ¹ <input type="checkbox"/> Self <input type="checkbox"/> Family		
Bereavement		
Military		
Jury Duty		
Leave Without Pay		
Other Leave ²		

1. Sick

Family _____

RELATIONSHIP

Yes

No

LIVE IN HOUSEHOLD? **

**For absences of more than three working days, a written statement from the attending physician (or other documentation) should be submitted with this form.

**Dependency is defined as "living in the same household" or "totally" dependent upon employee for personal care or services on a continuing basis.

2. Type of Leave Taken: _____

Please refer to the **Human Resources Policy B-1 Employee Leaves** for further information and details.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE

DATE

DEPARTMENT HEAD

DATE

RETURN THIS FORM TO THE PAYROLL OFFICE FOR EACH PAYROLL PERIOD TIME IS TAKEN

Email: payroll_office@shsu.edu
Fax: 936-294-1099
Phone: 936-294-1273