

MONTHLY LEAVE INFORMATION FOR FFCRA AND EFMLA

Families First Coronavirus Response Act and Emergency Paid Family Medical Leave

Your Supervisor must approve this Leave Report

HOURS ENTERED ON THIS LEAVE REPORT SHOULD NOT BE ENTERED ON YOUR BANNER TIMESHEET

EMPLOYEE NAME: _____ M# _____

EMPLOYEE SIGNATURE: _____ MONTH: _____

SUPERVISOR SIGNATURE: _____ DEPT: _____

DAY OF MONTH	# HRS SICK DUE TO COVID 19 LEAVE	# HRS SICK LEAVE (not related to Covid 19)	# HRS VACATION LEAVE (not related to Covid 19)	# HRS WORKED (IF ANY)	TOTAL HOURS PER DAY
1					
2					
3					
4					
5					
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