

McMurry University
Time Off Reporting Form

Name: _____

Department: _____

(S) Sick Time (V) Vacation Time (H) Holiday Time (P) Personal Time/Floating Holiday (O) Other

Month: _____ Year: _____

Fill in Time Taken by Day(s) of the Month:

Monday	Tuesday	Wednesday	Thursday	Friday

Total Number of Hours Used For:

Sick Time: _____

Vacation Time: _____

Personal/Floating Holiday _____

Holiday Time: _____

Other/Professional Development/Seminars (Not at McMurry) _____

Please specify event(s) attended or other:

Employee Signature

Date

Supervisor Signature

Date

Form should be submitted to Human Resources Office immediately upon completion.