

GEORGE FOX UNIVERSITY

Administrator Time Off Report

Name _____ Cost Center # _____

ID # _____

Please turn in to the Human Resources Office by the 1st of each month.

FOR THE MONTH OF _____, 2012

- No Time Off
- VACATION**... Total Vac. Hours Used _____ Date(s) used: _____
- ILLNESS** Total Sick Hours Used _____ Date(s) used: _____
- OTHER** Total Other Hours Used _____ Date(s) used: _____
Describe _____

I certify this is an accurate & complete record:

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE