

GEORGE FOX UNIVERSITY

Administrator Time Off Report

First and Last Name _____ Cost Center # _____

ID# _____

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

FOR THE MONTH OF _____, 2017

- 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