

**UNIVERSITY OF LOUISVILLE**  
**RECORD OF CHARGEABLE ABSENCES FOR EXEMPT PERSONNEL**

NAME:	DATE	INDICATE ONLY LENGTH OF AND REASONS FOR ABSENCE
_____		
EMPLID:		
_____		
CALENDAR PERIOD:		
_____		
EMPLOYEE SIGNATURE		
_____		
_____		
_____		
_____		
SUPERVISOR'S SIGNATURE		
_____		
_____		
_____		
_____		

AS OF: _____	<b>YOU HAVE THE FOLLOWING BALANCES</b>
	Sick:
	Annual:

<b>YES, I WOULD LIKE TO DONATE TO THE SHARED LEAVE PROGRAM.</b>	
Sick Leave Donation: (hours)	
Annual Leave Donation: (hours)	