UNIVERSITY OF LOUISVILLE
HUMAN RESOURCES
RECORD OF CHARGEABLE ABSENCES FOR EXEMPT PERSONNEL

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

AS OF: (date)	YOU HAVE THE FOLLOWING BALANCES
	Sick:
	Annual:

YES, I WOULD LIKE TO DONATE TO THE SHARED LEAVE PROGRAM. Details about the program may be found online at http://www.louisville.edu/admin/humanr/policies/shared.htm	
Sick Leave Donation: (hours)	
Annual Leave Donation: (hours)	