

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

<b>NAME:</b>	<b>DATE</b>	<b>INDICATE ONLY LENGTH OF AND REASONS FOR ABSENCE</b>
<b>EMPLID:</b>		
<b>CALENDAR PERIOD:</b>		
<b>EMPLOYEE SIGNATURE</b>		
<b>SUPERVISOR'S SIGNATURE</b>		

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

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