THE NEW SCHOOL
A UNIVERSITY

Office of Human Resources

Fiscal Year 2009-2010 Second Quarter Leave Report
October 1, 2009 – December 31, 2009

Provided is the Administrative Staff Leave Report Form for 2nd Quarter of Fiscal Year 09/10 (October 1, 2009 – December 31, 2009). This form will assist your department/division and the Human Resources Department in tracking accrual and usage of vacation leave and floating holidays. You must submit this form to your Dean (Director) in sufficient time for that individual's signature and for submission by that office to the Human Resources Department. If you have any questions regarding time reporting, please call Human Resources Department at 212/229-5671. The report must be submitted by January 6, 2010.

This year the university will be closed from Wednesday, December 23, 2009, and reopening Monday, January 4, 2010. You will have to use Holiday/Vacation leave accruals to cover two days this year, the 23rd and 28th of December, the University is granting four days; December 24th, 29th , 30th and 31st as additional vacation time. Friday, December 25th and Friday, January 1st are official University Holidays. Any employee who does not have the requisite two vacation/holiday credit days will be advanced the two days against future vacation leave accruals.

☐ Full-Time Admin. Employee ☐ Part-Time Admin. Employee (Please indicate the number of hours taken for any Leave time.)

Employee ID: N Last Name:(please print) _____ First Name: _____

Please indicate leave time taken for each day according to the following codes:

V- Vacation	F- Floating Holiday	H- School Holiday	S- Sick Leave
B- Bereavement	L- Leave Without Pay	O- Other* Please explain	

OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 H	27 H	28
29	30					

DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23 V or F	24 H	25 H	26
27	28 V or F	29 H	30 H	31 H		

Total VAC days _____ **Total FH days** _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Divisional/Departmental Signature: _____ Date: _____

Please return to Office of Human Resources at 79 Fifth Ave., 18th Floor by January 6, 2010