THE NEW SCHOOL
A UNIVERSITY

Office of Human Resources

Fiscal Year 2008-09 Third Quarter Leave Report
January 1, 2009 – March 31, 2009

Provided is the Administrative Staff Leave Report Form for Third Quarter of Fiscal Year 08/09 (January 1, 2009 – March 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. Your completed quarterly leave report form must be returned to the Human Resources Department by April 9, 2009. 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.

☐ **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	

January

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

February

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

March

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				

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

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Please return to Office of Human Resources at 79 Fifth Ave., 18th Floor by April 9, 2009.