

ARCHDIOCESE OF SEATTLE

MONTHLY LEAVE FORM

This form must be submitted by the 5th working day of the month following the month in which the leave was taken. This form must be submitted each month even if no leave was taken.

Name (Print last, first, and middle initial)		
Cost Center:	Department Name:	For the Month of:

Check here if no leave was taken.

Type of Leave	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

Employee's Signature/Date	Supervisor's Signature/Date
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Leave Options:

B = Bereavement S = Sick
 J = Jury Duty U = Unpaid
 M = Military V = Vacation

F/S = Family and Medical paid with sick leave
 F/V = Family and Medical paid with vacation leave
 F/U = Family and Medical paid that is unpaid

**Contact your parish administrator
 if you are uncertain about how your
 leave should be classified.**