

The University of Texas at Austin Elementary School
 2006-07 TEACHER'S MONTHLY REPORT OF SICK LEAVE TAKEN

Name: _____
 (Print or Type)

UTEID: _____

Certification (Signatures)

Teacher: _____
 Date: _____

Principal: _____
 Date: _____

Absent Time												
Under appropriate month and date, indicate the number of hours to be charged to accrued sick leave.												
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1					UT HOLIDAY							
2												
3												
4	UT HOLIDAY										UT HOLIDAY	
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15					UT HOLIDAY							
16												
17												
18												
19												
20												
21												
22				UT HOLIDAY								
23			UT HOLIDAY									
24			UT HOLIDAY									
25				UT HOLIDAY								
26				UT HOLIDAY								
27				UT HOLIDAY								
28				UT HOLIDAY					UT HOLIDAY			
29				UT HOLIDAY		-----						
30						-----						
31	----		-----			-----		-----		-----		
Total												