

The University of Texas at Austin Elementary School
 2007-08 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					UT HOLIDAY							
3	UT HOLIDAY											
4											UT HOLIDAY	
5												
6												
7												
8												
9												
10												
11												
12												
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14												
15												
16												
17												
18												
19												
20												
21					UT HOLIDAY							
22			UT HOLIDAY									
23			UT HOLIDAY									
24				UT HOLIDAY								
25				UT HOLIDAY								
26				UT HOLIDAY					UT HOLIDAY			
27				UT HOLIDAY								
28				UT HOLIDAY								
29												
30						-----						
31	----		-----	UT HOLIDAY		-----		-----		-----		
Total												