

**The University of Texas at Austin / UT Elementary School  
2010-11 FACULTY MONTHLY REPORT OF SICK LEAVE TAKEN**

Name: \_\_\_\_\_  
(Print or Type)

Department: \_\_\_\_\_

EID: \_\_\_\_\_

College/School: \_\_\_\_\_

Title: \_\_\_\_\_

Account No: \_\_\_\_\_

**Certification (Signatures)**

Faculty Member: \_\_\_\_\_

Dept. Chair or Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
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30				UT HOLIDAY		-----			UT HOLIDAY			
31	----		-----	UT HOLIDAY		-----		-----		-----		
<b>Total</b>												

For UT FACULTY:  
Original: Executive VP and Provost  
Copy 1: Dean,  
Copy 2: Chair

For UT ELEMENTARY FACULTY:  
Original: Executive VP and Provost  
Copy: Principal