

The University of Texas at Austin / UT Elementary School
2011-12 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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29				UT HOLIDAY								
30				UT HOLIDAY		-----						
31	----		-----			-----		-----		-----		
Total												

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