

**The University of Texas at Austin / UT Elementary School
2009-10 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
1					UT HOLIDAY							
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27			UT HOLIDAY									
28				UT HOLIDAY								
29				UT HOLIDAY		-----						
30				UT HOLIDAY		-----						
31	----		-----	UT HOLIDAY		-----		-----	UT HOLIDAY	-----		
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