

ANNUAL INDIVIDUAL ACCUMULATED LEAVE RECORD

CERTIFIED STAFF

NAME _____ YEAR _____

SICK DAYS ACCUMULATED IN PREVIOUS YEARS _____

SICK DAYS ALLOWED THIS YEAR _____ = _____ TOTAL

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JUL																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

FAMILY SICK DAY 1 _____

FAMILY SICK DAY 2 _____

FAMILY SICK DAY 3 _____

FAMILY SICK DAY 4 _____

FAMILY SICK DAY 5 _____

PERSONAL DAY 1 _____

PERSONAL DAY 2 _____

PERSONAL DAY 3 _____

PERSONAL DAY 4 _____

PERSONAL DAY 5 _____

UNPAID LEAVE _____

UNPAID LEAVE _____

UNPAID LEAVE _____

PROFESSIONAL LEAVE _____

PROFESSIONAL LEAVE _____

Legend:

- Full day sick
- Half day sick
- Full personal day
- Half personal day
- Bereavement
- Without pay
- Professional