

SAMFORD UNIVERSITY

Human Resources Department

Closed Period Attendance Report For Salaried Personnel

This form should be used only to report leave taken during a reporting period that is no longer available for online reporting.

MONTH(S)/YEAR

Complete this form to report leave that was not reported during the appropriate window for online submission. Submit this to your supervisor, who will in turn submit to the Payroll Office at payroll@samford.edu.

Please list total number of days for each category.

Dates of Absence	Vacation	Sick Leave * (Please specify)	Family Medical Leave	Bereavement**	Time Off Without Pay	Use this space to specify relationship for sick leave, bereavement leave or to list military leave or jury duty.
TOTAL DAYS:						

***For Sick please specify as follows:**

Sick – Self

Sick – Illness in family (specify spouse, parent or dependent child)

**** For Bereavement – specify relationship to deceased (attach obituary)**

Check appropriate box:

- ☐ F2 (12 Month Faculty)
- ☐ F9 (9 Month Faculty)
- ☐ FA (Faculty Administrative)
- ☐ MN (Exempt Staff)
- ☐ CC (Contract Coach)

Employee Name (Type or Print)

SUID

Signature of Employee

Signature of Supervisor