ACCRUAL REPORT - FULL TIME EXEMPT EMPLOYEE

NAME _____ DEPARTMENT(S) _____

FOR MONTH OF: _____

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	Summary				
																															V	I	D	A	J

V - VACATION
I - ILLNESS
D - FAMILY DEATH
A - ACCIDENT ON JOB
J - JURY DUTY

TYPE OF LEAVE	BEGINNING BALANCE	DAYS USED	DAYS ACCRUED	ENDING BALANCE
SICK			1	
VACATION			1.6667	