

**FACULTY SICK LEAVE USAGE FORM**

**(To be used for all full-time, tenure/on-track faculty)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ used \_\_\_\_\_\_\_\_ hours of sick leave on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date