

Report of Benefit Usage

Name: _____

Month _____
Year _____

*Due in Business Office
by the 5th Day of Following Month*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Vacation Hours Used							
Sick Hours Used							
Other Hours Used							
Date							
Vacation Hours Used							
Sick Hours Used							
Other Hours Used							
Date							
Vacation Hours Used							
Sick Hours Used							
Other Hours Used							
Date							
Vacation Hours Used							
Sick Hours Used							
Other Hours Used							
Date							
Vacation Hours Used							
Sick Hours Used							
Other Hours Used							

Total Vacation Hrs Used:	
Total Sick Hours Used:	
Total Other Hours Used:	

Employee Signature

Date

Supervisor Signature

Date