

**Employee Name:** \_\_\_\_\_  
**Employee Zone:** \_\_\_\_\_  
**Report Date:** \_\_\_\_\_

**Purpose of Review:** Initial \_\_\_\_\_ Removal \_\_\_\_\_ Renewal \_\_\_\_\_ Other \_\_\_\_\_

	Pay Period		Sick Leave Used **do not include sick leave hours approved in advance or supported by voluntary med doc in an initial review**	Other Leave Used in Lieu of Sick Leave				Days of the week absences occurred **do not include days sick leave was approved in advance or supported by voluntary med doc in an initial review - list these dates in the orange box below**	Total
	From	To		Annual Leave	Personal Leave	LWOP	Comp Time		
1			0.00	0.00	0.00	0.00	0.00	0:00	
2			0.00	0.00	0.00	0.00	0.00	0:00	
3			0.00	0.00	0.00	0.00	0.00	0:00	
4			0.00	0.00	0.00	0.00	0.00	0:00	
5			0.00	0.00	0.00	0.00	0.00	0:00	
6			0.00	0.00	0.00	0.00	0.00	0:00	
7			0.00	0.00	0.00	0.00	0.00	0:00	
8			0.00	0.00	0.00	0.00	0.00	0:00	
9			0.00	0.00	0.00	0.00	0.00	0:00	
10			0.00	0.00	0.00	0.00	0.00	0:00	
11			0.00	0.00	0.00	0.00	0.00	0:00	
12			0.00	0.00	0.00	0.00	0.00	0:00	
13			0.00	0.00	0.00	0.00	0.00	0:00	
<b>Totals:</b>			<b>0:00</b>	<b>0:00</b>	<b>0:00</b>	<b>0:00</b>	<b>0:00</b>	<b>0:00</b>	
<b>Average:</b>								<b>0:00</b>	

Leave Balances:

Annual	0.00
Sick	0.00
Personal	0.00
Comp	0.00
<b>Total:</b>	<b>0.00</b>

**Note:**

Report shows the amount of leave taken on average per pay period for the last 6 months of employment.

Date of Hire: _____	Date(s) med doc
Was Employee on FMLA during review period: ___ Yes ___ No	was voluntarily provided:
If so, list dates: From _____ To _____	
<b>*do not include FML absences in analysis</b>	
Did employee have a Job Injury during review period: ___ Yes ___ No	Date(s) sick leave was
If so, list dates: From _____ To _____	approved in advance:
<b>*do not include job injury absences in analysis</b>	
Analysis Prepared By: _____	
Placement/Renewal approved ___ denied ___	
Removal approved ___ denied ___	Average w/o med doc above:
HR Manager: _____ Date: _____	