

**SKIDMORE COLLEGE - EXEMPT EMPLOYEES
 OPTIONAL TRACKING FORM
 TIME NOT WORKED**

Calendar Year: _____ to _____

Employee's Name: _____

Vacation Carryover: _____

Department: _____

Total Vacation Accrual: _____

	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
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															

Codes:

Accident = A

Bereavement Leave = B

Family Illness = F

Family Medical Leave = FML

Holiday = H

Illness = I

Jury Duty = J

Military Leave = M

Other = O

Vacation = V