

**GREENVILLE COLLEGE
EXEMPT BENEFIT UTILIZATION FORM**

Days 1 - 31

This form must be turned in by the 5th of each month for the prior month.

Name _____

Dates (Month / Year) _____

Exempt employees must take time off in 1/2 or 1 day increments.

Day	Vacation	Sick	Personal/ Community Service	Holiday	Other*	Comment
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						

TOTAL

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* Other (Please specify bereavement, jury duty, etc.)

Employee Signature _____

Supervisor Signature _____