

**ABSENCE AND ADDITIONAL TIME WORKED REPORT**

PAY PERIOD	Mon / Year	<b>AUG 2009 (7/31 -8/31)</b>	<input type="checkbox"/> REVISION <small>(Replaces all previous reports for this pay period)</small>	TIME BASE <input type="checkbox"/> FT <input type="checkbox"/> INT	FLSA <input type="checkbox"/> Exempt <input type="checkbox"/> NonExempt	CBID
	<input type="checkbox"/> Qualifying <input type="checkbox"/> Non-Qualifying (see reverse)	<input type="checkbox"/> Multiple Positions		time base fraction		

Name (First)	(MI)	(Last)	SSN (last 4 digits)	Agency <b>229</b>	Unit
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Refer to instructions on reverse to complete this report

<b>Absences With Pay</b> <input type="checkbox"/> SL01 Sick Leave Self <input type="checkbox"/> SL02 Sick leave Family <input type="checkbox"/> SLBL Sick Leave Extended Bereavement Relationship _____ <input type="checkbox"/> FL01 Funeral Leave Relationship _____ <input type="checkbox"/> VA01 Vacation <input type="checkbox"/> CT01 Using Overtime credits <input type="checkbox"/> PH01 Personal Holiday		<input type="checkbox"/> ADML MPP Paid Administrative Leave <input type="checkbox"/> EM01 Emergency Military Leave <input type="checkbox"/> ML01 Military Leave (attach Orders) <input type="checkbox"/> JD01 Jury Duty <input type="checkbox"/> SW01 Subpoenaed Witness <input type="checkbox"/> UT01 Union Time <input type="checkbox"/> check if Union Time is reimbursed <input type="checkbox"/> MP01 Maternity/Paternity/Adoption Leave <input type="checkbox"/> HC01 Using Holiday Credit <input type="checkbox"/> HT01 Using Holiday Comp Credit		<b>Overtime/Holiday Hours Earned</b> <input type="checkbox"/> CT06 Straight Time Worked (Represented Employees) or <input type="checkbox"/> CT08 Premium Time Worked (Represented Employees) <input type="checkbox"/> HC05 Holiday Credit Earned <input type="checkbox"/> HT06 Straight Holiday CTO Earned <input type="checkbox"/> HT07 Premium Holiday CTO Earned <input type="checkbox"/> P Premium Pay (do not Post on Dept Attendance Report)	
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<b>Absences Without Pay</b> <input type="checkbox"/> A Absence without Pay (AWOL - Unapproved Absence) <input type="checkbox"/> L Informal Leave without Pay <input type="checkbox"/> FP Furlough Program (Report as one [1] day)		Refer to the CSU East Bay Payroll website ( <a href="http://www.aba.csueastbay.edu/payroll">http://www.aba.csueastbay.edu/payroll</a> ) for CSU Paydays, Staff and Faculty calendars and Holiday Schedule		<b>Irregular Work Schedule - Excess Hours Calculation</b> (20 day pp = 160 hrs; 19 day pp = 152 hrs) 160 hrs x _____ (timebase) = _____ 152 hrs x _____ (timebase) = _____ Actual Scheduled Hours = _____ (from Irregular Work Schedule below) <input type="checkbox"/> EH01 Excess Hrs Used - _____ <input type="checkbox"/> EH05 Excess Hrs Earned + _____	
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Include all dates in pay period; see State Pay Period Schedule. Employees working Irregular Work Week must indicate daily work schedule below.

Pay Period Dates	31	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	1	TOTAL HOURS	
Irregular Work Sched																																			

Absences with Pay																																				
SL01																																			SL01	
SL02																																				SL02
SLBL																																				SLBL
FL01																																				FL01
VA01																																				VA01
CT01																																				CT01
PH01																																				PH01
EM01																																				EM01
ML01																																				ML01
JD01																																				JD01
SW01																																				SW01
UT01																																				UT01
MP01																																				MP01
HC01																																				HC01
HT01																																				HT01
ADML																																				ADML

Absences without Pay																																				
A																																			A	
L																																				L
FP																																				FP

Overtime and Holiday Hours Earned																																				
CT06																																			CT06	
CT08																																				CT08
HC05																																				HC05
HT06																																				HT06
HT07																																				HT07
Extra Hours																																			Ex Hrs	

Other																																				
DISAB LV																																			DISAB LV	
FMLA																																				FMLA
	31	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	1	TOTAL HOURS		

Medical Appointment  Dental Appointment  
 If required for absence indicate family relationship: \_\_\_\_\_

To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements. I understand substantiation shall be required for leave usage in accordance with current Bargaining Unit Contracts and/or CSU Policies.

I approve the use and/or overtime as indicated above. I understand substantiation shall be required and attached in accordance with current Bargaining Unit Contracts and/or CSU Policies.

Payroll Use Only
Initials
Date Keyed

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_