

ABSENCE AND ADDITIONAL TIME WORKED REPORT

PAY PERIOD	Mon / Year	FEB 2011 (2/1 - 3/1)	<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 CBID
	<input type="checkbox"/> Qualifying	<input type="checkbox"/> Multiple Positions		time base fraction		
	<input type="checkbox"/> Non-Qualifying (see reverse)					

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

Absences With Pay		ADML MPP Paid Administrative Leave	Overtime/Holiday Hours Earned	
SL01 Sick Leave Self	EM01 Emergency Military Leave	ML01 Military Leave (attach Orders)	CT06 Straight Time Worked (Represented Employees) or	CT08 Premium Time Worked (Represented Employees)
SL02 Sick leave Family	JD01 Jury Duty	SW01 Subpoenaed Witness	HC05 Holiday Credit Earned	HT06 Straight Holiday CTO Earned
SLBL Sick Leave Extended Bereavement Relationship _____	UT01 Union Time	MP01 Maternity/Paternity/Adoption Leave	HT07 Premium Holiday CTO Earned	P Premium Pay (do not Post on Dept Attendance Report)
FL01 Funeral Leave Relationship _____	check if Union Time is reimbursed	HC01 Using Holiday Credit	Irregular Work Schedule - Excess Hours Calculation	
VA01 Vacation	MP01 Maternity/Paternity/Adoption Leave	HT01 Using Holiday Comp Credit	(22 day pp = 176 hrs; 21 day pp = 168 hrs)	
CT01 Using Overtime credits	HC01 Using Holiday Credit		176 hrs x _____ (timebase) = _____	
PH01 Personal Holiday	HT01 Using Holiday Comp Credit		168 hrs x _____ (timebase) = _____	

Absences Without Pay	Refer to the CSU East Bay Payroll website (http://www.aba.csueastbay.edu/payroll) for CSU Paydays, Staff and Faculty calendars and Holiday Schedule
A Absence without Pay (AWOL - Unapproved Absence)	
L Informal Leave without Pay	

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

Other																																			DISAB LV	
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 Comments: _____

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 _____