California State University, East Bay

ABSENCE AND ADDITIONAL TIME WORKED REPORT

PAY PERIOD: _____

☐ Qualifying ☐ Multiple Positions

☐ Non-Qualifying (*see reverse*)

☐ **REVISION** (Replaces all previous reports for this pay period)

TIME BASE ☐ FT ☐ INT time base fraction _____

FLSA ☐ Exempt ☐ NonExempt

CBID

Name (*First*)	(MI)	(Last)	PeopleSoft Employee ID	Rec #	Unit

Refer to instructions on reverse to complete this report

Absences With Pay

- ☐ SL01 Sick Leave Self
- ☐ SL02 Sick leave Family-indicate relationship below
- ☐ SLBL Sick Leave Extended Bereavement
  Relationship _____
- ☐ FL01 Funeral Leave
  Relationship _____
- ☐ VA01 Vacation
- ☐ CT01 Compensatory Time Off (CTO) credits
- ☐ PH01 Personal Holiday
- ☐ ADML MPP Paid Administrative Leave
- ☐ EM01 Emergency Military Leave
- ☐ ML01 Military Leave (attach Orders)
- ☐ JD01 Jury Duty
- ☐ SW01 Subpoenaed Witness
- ☐ UT01 Union Time
  ☐ check if Union Time is reimbursed
- ☐ MP01 Maternity/Paternity/Adoption Leave
- ☐ HC01 Using Holiday Credit

ADO/Holiday Credit/CTO/Shift Differential

- ☐ ADO Alternate Day Off (CSUEU, APC, & SETC ONLY)
- ☐ HC05 Holiday Credit (Physicians & Police Officers ONLY)
- ☐ CTO P Compensatory Time Off (Earned at 1.5)
- ☐ CTO S Compensatory Time Off (Earned at 1.0)

Absences Without Pay

- ☐ A Absence without Pay (AWOL - Unapproved Absence)
- ☐ L Informal Leave without Pay

Refer to the CSU East Bay Payroll website (http://www.csueastbay.edu/payroll) for CSU Paydays, Staff and Faculty calendars and Holiday Schedule

Irregular Work Schedule - Excess Hours Calculation

(22 day pp = 176 hrs; 21 day pp = 168 hrs)

176 hrs x	_____ (timebase)	=	0
168 hrs x	_____ (timebase)	=	0
Actual Scheduled Hours		=	0

(from Irregular Work Schedule below)

- ☐ EH01 Excess Hrs Used -
- ☐ EH05 Excess Hrs Earned +

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																																		0
Absences with Pay																																		
SL01																																	SL01	0
SL02																																	SL02	0
SLBL																																	SLBL	0
FL01																																	FL01	0
VA01																																	VA01	0
CT01																																	CT01	0
PH01																																	PH01	0
EM01																																	EM01	0
ML01																																	ML01	0
JD01																																	JD01	0
SW01																																	SW01	0
UT01																																	UT01	0
MP01																																	MP01	0
HC01																																	HC01	0
ADML																																	ADML	0
Absences without Pay																																		
A																																	A	0
L																																	L	0
Alternate Day Off, Holiday Credit, and CTO																																		
ADO																																	ADO	0
HC05																																	HC05	0
CTO P																																	CTO P	0
CTO S																																	CTO S	0
Other																																		
																																		0
																																		0
Leaves																																		
DISAB LV																																	DISAB LV	0
FMLA																																	FMLA	0
	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 and family relationship when using Sick Leave Family:

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.

Employee Signature _____ Date _____

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.

Supervisor Signature _____ Date _____

Payroll Use Only

Initials

Date Entered

Rev. 2.1.19