

Volume No. 2 – Classification & Coding Structure	TOPIC NO.	60203
Function No. 60200 — CIPPS	TOPIC	CIPPS –LEAVE BLANK FORMS
	DATE	August, 1999

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Overview

Introduction This topic contains blank form samples for use by your agency in preparing leave transactions. Use of these samples is optional; however, some type of source documentation must be retained by your agency in accordance with established leave policies. Reporting Forms (L-1), if you decide to use them, are available through the Division of Purchase and Supply, Department of General Services.

How to Get Full-Sized Forms The blank forms displayed here are for illustrative purposes and are reduced in size.

You can receive hardcopy originals to duplicate at your site through –

INTERNET

DOA's Webpage: www.doa.virginia.gov

DOA

Payroll Production Supervisor

 (804) 371-7799

 payroll@doa.virginia.gov

Forms Included The following are forms included in this topic:

FORM NAME	CIPPS DATA ENTRY SCREEN	FORM NUMBER
Leave Activity Reporting Form	HMSUA	L-1
Leave Maintenance Form	HMSUM	L-2
Leave Activity/MaintenanceBatch Totals	HMSUC	L-3
Leave Status Inquiry/Update Form	HPIUS	L-4
General CIPPS Leave Information Form	Not Applicable	L-5
Leave History Request	HQFU1	L-7

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L-1 - Leave Activity Reporting Form - HMSUA

Leave Activity Reporting Form				Screen I.D. HMSUA	
PART I EMPLOYEE DATA	COMPANY NUMBER	EMPLOYEE NUMBER			
	FIRST NAME	M.I.	LAST NAME		
PART II LEAVE TAKEN	LEAVE TYPE*	HOURS	DATE FROM	DATE TO	COMPANY USE/ INITIALS & DATE
TOTAL >			(ADD HOURS AND ENTER THE TOTAL)		
PART III LEAVE EARNED	LEAVE TYPE*	HOURS	EARNED DATE	COMPANY USE/ INITIALS & DATE	PART IV LEAVE TYPES
					SA = SCHOOL ASSISTANCE
					AT = ANNUAL LEAVE TAKEN
					SP = SICK TAKEN PERSONAL
				SF = SICK TAKEN FAMILY	
				CT = COMPENSATORY LEAVE TAKEN	
				ET = EDUCATION LEAVE TAKEN	
				MT = MILITARY LEAVE TAKEN	
				JT = ADMINISTRATIVE LEAVE	
				WT = WORKERS COMPENSATION	
				XX = LEAVE WITHOUT PAY	
				OT = OTHER LEAVE	
				CE = COMPENSATORY LEAVE EARNED	
				OE = OVERTIME LEAVE EARNED	
				OX = OVERTIME LEAVE TAKEN	
				DC = DISABILITY CREDIT TAKEN	
				FP = FAMILY PERSONAL TAKEN	
				SD = SHORT TERM DISABILITY LEAVE	
TOTAL >			(ADD HOURS AND ENTER THE TOTAL)		
PART IV APPROVALS	EMPLOYEE SIGNATURE (FULL NAME)		DATE		
	SUPERVISOR'S SIGNATURE		DATE	DEPARTMENT/SECTION	
	KEYED BY		DATE		
	BY SIGNING ABOVE WE CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE				
<div style="border: 1px solid black; padding: 2px; display: inline-block;">L - 1 8/99</div>					

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L-2 - Leave Maintenance Form – HMSUM

Leave Maintenance Form			Screen I.D. HMSUM																																
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">COMPANY NUMBER</td> <td style="width: 35%;">FIRST NAME</td> <td style="width: 5%;">MI</td> <td style="width: 35%;">LAST NAME</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="4">EMPLOYEE NUMBER</td> </tr> <tr> <td colspan="4"><input type="text"/></td> </tr> </table>						COMPANY NUMBER	FIRST NAME	MI	LAST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EMPLOYEE NUMBER				<input type="text"/>																	
COMPANY NUMBER	FIRST NAME	MI	LAST NAME																																
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EMPLOYEE NUMBER																																			
<input type="text"/>																																			
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 10%;">LEAVE TYPE</th> <th style="width: 5%;">LEAVE SIGN</th> <th style="width: 10%;">LEAVE HOURS</th> <th style="width: 35%;">DATE FROM</th> <th style="width: 35%;">DATE TO</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>						LEAVE TYPE	LEAVE SIGN	LEAVE HOURS	DATE FROM	DATE TO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEAVE TYPE	LEAVE SIGN	LEAVE HOURS	DATE FROM	DATE TO																															
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EXPLANATION/AUTHENTICATION: _____ _____ _____ _____ _____																																			
_____ PREPARED BY		_____ DATE		_____ APPROVED BY																															
_____ KEYED BY		_____ DATE		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> L-2 8/99 </div>																															

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L-3 - Leave Activity/Maintenance Batch Totals - HMSUC

LEAVE ACTIVITY/MAINTENANCE BATCH TOTALS

Screen I.D. HMSUC

COMPANY NUMBER

--	--	--	--	--

BATCH NUMBER

--	--	--	--	--

TOTAL TRANSACTIONS (LINES)

--	--

TOTAL HOURS (ABSOLUTE VALUE)

				.	
--	--	--	--	---	--

BATCH TYPE

A - Activity M - Maintenance

PREPARED BY

DATE

APPROVED BY

DATE

KEYED BY

DATE

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L-5 - General CIPPS Leave Information Form

GENERAL CIPPS LEAVE INFORMATION FORM							
<p>I. COMPANY CONTACTS</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>COMPANY NUMBER</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0 0</div> <p style="text-align: center; margin-top: 10px;">PRIMARY CIPPS LEAVE COORDINATOR</p> <p>_____</p> <p style="text-align: center;">(NAME)</p> <p>_____</p> <p style="text-align: center;">(TITLE)</p> <p>_____</p> <p style="text-align: center;">(TELEPHONE)</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>COMPANY NAME</p> <p>_____</p> <p style="text-align: center; margin-top: 10px;">SECONDARY CIPPS LEAVE COORDINATOR</p> <p>_____</p> <p style="text-align: center;">(NAME)</p> <p>_____</p> <p style="text-align: center;">(TITLE)</p> <p>_____</p> <p style="text-align: center;">(TELEPHONE)</p> </td> </tr> </table> <p style="margin-top: 10px;">APPROXIMATE NUMBER OF SALARIED EMPLOYEES: _____</p>		<p>COMPANY NUMBER</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0 0</div> <p style="text-align: center; margin-top: 10px;">PRIMARY CIPPS LEAVE COORDINATOR</p> <p>_____</p> <p style="text-align: center;">(NAME)</p> <p>_____</p> <p style="text-align: center;">(TITLE)</p> <p>_____</p> <p style="text-align: center;">(TELEPHONE)</p>	<p>COMPANY NAME</p> <p>_____</p> <p style="text-align: center; margin-top: 10px;">SECONDARY CIPPS LEAVE COORDINATOR</p> <p>_____</p> <p style="text-align: center;">(NAME)</p> <p>_____</p> <p style="text-align: center;">(TITLE)</p> <p>_____</p> <p style="text-align: center;">(TELEPHONE)</p>				
<p>COMPANY NUMBER</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0 0</div> <p style="text-align: center; margin-top: 10px;">PRIMARY CIPPS LEAVE COORDINATOR</p> <p>_____</p> <p style="text-align: center;">(NAME)</p> <p>_____</p> <p style="text-align: center;">(TITLE)</p> <p>_____</p> <p style="text-align: center;">(TELEPHONE)</p>	<p>COMPANY NAME</p> <p>_____</p> <p style="text-align: center; margin-top: 10px;">SECONDARY CIPPS LEAVE COORDINATOR</p> <p>_____</p> <p style="text-align: center;">(NAME)</p> <p>_____</p> <p style="text-align: center;">(TITLE)</p> <p>_____</p> <p style="text-align: center;">(TELEPHONE)</p>						
<p>II. DISTRIBUTION OF REPORTS</p> <p style="margin-left: 40px;">CIPPS LEAVE REPORTS WILL BE DISTRIBUTED FROM THE REPORTS DISTRIBUTION SECTION, DEPARTMENT OF ACCOUNTS – 2ND FLOOR. PLEASE INDICATE YOUR PREFERRED MAILING METHOD (CHECK ONE):</p> <table style="width: 100%; border: none; margin-left: 40px;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td>INTERAGENCY MAIL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>AGENCY PICKUP IN REPORTS DISTRIBUTION</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>U.S. MAIL/UPS</td> </tr> </table> <p style="margin-left: 40px;">MAILING ADDRESS : _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">CONTACT PERSON : _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">(TELEPHONE)</p>		<input type="checkbox"/>	INTERAGENCY MAIL	<input type="checkbox"/>	AGENCY PICKUP IN REPORTS DISTRIBUTION	<input type="checkbox"/>	U.S. MAIL/UPS
<input type="checkbox"/>	INTERAGENCY MAIL						
<input type="checkbox"/>	AGENCY PICKUP IN REPORTS DISTRIBUTION						
<input type="checkbox"/>	U.S. MAIL/UPS						

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Internal Control

Internal Control

The agency assigned personnel has the responsibility to verify that the information is complete, accurate, and properly authorized. Agency internal controls should determine how the review of data entry process is completed.

Records Retention

Time Period

Refer to the applicable CAPP topic as to the retention of source documents and or records.

Contacts

DOA Contact

Director, State Payroll Operations
 (804) 225-3074
 payroll@doa.virginia.gov

Subject Cross References

References

- CAPP Topic No. 21005, *Records Retention and Disposition*
 - CAPP Topic No. 40000, *Leave Accounting*
 - CAPP Topic No. 70400, *Leave Accounting*
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