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
	.		
	.		
	.		

TOTAL > . (ADD HOURS AND ENTER THE TOTAL)

PART IV LEAVE TYPES

BE = BONUS LEAVE EARNED
BT = BONUS LEAVE TAKEN
CS = SCH ASST/ VOL SERVICE LEAVE TAKEN
AT = ANNUAL LEAVE TAKEN
SP = SICK TAKEN PERSONAL
SF = SICK TAKEN FAMILY (NON-VSDP)
CT = COMPENSATORY LEAVE TAKEN
ET = EDUCATION LEAVE TAKEN
MT = MILITARY LEAVE TAKEN
JT = CIVIL/WORK-RELATED 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
RE = RECOGNITION LEAVE EARNED
RT = RECOGNITION LEAVE TAKEN
MO = ORGAN/BONE MARROW LEAVE TAKEN
PL = PRELAYOFF LEAVE TAKEN
MB = MILITARY LEAVE BANK TAKEN

PART IV
APPROVALS

EMPLOYEE SIGNATURE (FULL NAME) DATE

SUPERVISOR'S SIGNATURE DATE DEPARTMENT/SECTION

KEYED BY DATE

L - 1
7/1/06

BY SIGNING ABOVE WE CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE