LEAVE STATUS INQUIRY/UPDATE FORM

SCREEN ID: HPIUS

Form L-4 07/2014

Company Number 0 0

Employee Number

EMPLOYEE NAME

FIRST M LAST

ANNUAL LEAVE	N –	NOT ELIGIBLE
	U –	ELIGIBLE, DO NOT ACCRUE CURRENT PERIOD
	Y -	ELIGIBLE
SICK LEAVE	N –	NOT ELIGIBLE
	U –	ELIGIBLE, DO NOT ACCRUE CURRENT PERIOD
	Y -	ELIGIBLE
FLSA STATUS	E -	EXEMPT
	N –	NON-EXEMPT
OVERTIME LEAVE MAXIMUM	0 –	NOT ELIGIBLE
	1 –	MAXIMUM OF 240 HRS.
	2 –	MAXIMUM OF 480 HRS.

PERCENT EMPLOYMENT .

ON CALL LEAVE STATUS	N –	NOT ELIGIBLE
	Y –	ELIGIBLE

PERIOD START DATE

SDP PARTICIPANT N-NO Y-YES

SDP RECIPIENT N-NO Y-YES

90 DAY LEAVE INDICATOR ..

	N -	NO
	Y -	YES

SDP EMPLOY DATE

BEGIN LEAVE DATE

END LEAVE DATE

ADJUSTED EMP. DATE

PROCESS INDICATOR	BLANK –	YES
	N –	NO
COMP. LEAVE STATUS	N –	NO
	Y -	YES
MILITARY BANK IND	N –	NO
	Y -	YES
TRADITIONAL SICK LV IND	N –	NO
	Y -	YES

EXPLANATION OF CHANGES ENTERED:

PREPARED BY DATE

KEYED BY DATE