

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

Table of Contents

Overview.....	2
Introduction.....	2
How to Get Full-Sized Forms.....	2
Forms Included.....	2
L-1 - Leave Activity Reporting Form - HMSUA.....	3
L-2 - Leave Maintenance Form – HMSUM.....	4
L-3 - Leave Activity/Maintenance Batch Totals - HMSUC.....	5
L-4 - Leave Status Inquiry/Update Form - HPIUS.....	6
L-5 - General CIPPS Leave Information Form.....	7
L-7 - Leave History Request – HQFU1.....	8
Internal Control.....	9
Internal Control.....	9
Records Retention.....	9
Time Period.....	9
Contacts.....	9
DOA Contact.....	9
References.....	9

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

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.state.va.us/doa

DOA

Payroll Production Supervisor

 (804) 371-7799

 payroll@doa.state.va.us

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

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

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>					

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

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: 30%;">FIRST NAME</td> <td style="width: 5%;">MI</td> <td style="width: 40%;">LAST NAME</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 100%;" type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td colspan="4">EMPLOYEE NUMBER</td> </tr> <tr> <td colspan="4" style="border: 1px solid black; text-align: center;"> <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"/> </td> </tr> </table>						COMPANY NUMBER	FIRST NAME	MI	LAST NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	EMPLOYEE NUMBER				<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"/>																	
COMPANY NUMBER	FIRST NAME	MI	LAST NAME																																
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>																																
EMPLOYEE NUMBER																																			
<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"/>																																			
<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 style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <input type="text"/><input type="text"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </td> <td style="border: 1px solid black; text-align: center;"> <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"/> </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"/> <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"/> <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"/> <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"/> <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"/> <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																															
<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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																															
EXPLANATION/AUTHENTICATION: _____ _____ _____ _____ _____																																			
_____ PREPARED BY		_____ DATE		_____ APPROVED BY		_____ DATE																													
_____ KEYED BY		_____ DATE		<div style="border: 1px solid black; display: inline-block; padding: 2px;"> L-2 8/99 </div>																															

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

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

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

L-4 - Leave Status Inquiry/Update Form - HPIUS

LEAVE STATUS INQUIRY/UPDATE FORM		SCREEN ID: HPIUS
Company Number	0 0	
Employee Number		
EMPLOYEE NAME		
	FIRST	M
		LAST
ANNUAL LEAVE	<input type="checkbox"/> N - NOT ELIGIBLE <input type="checkbox"/> U - ELIGIBLE, DO NOT ACCRUE CURRENT PERIOD <input type="checkbox"/> Y - ELIGIBLE
SICK LEAVE	<input type="checkbox"/> N - NOT ELIGIBLE <input type="checkbox"/> U - ELIGIBLE, DO NOT ACCRUE CURRENT PERIOD <input type="checkbox"/> Y - ELIGIBLE
FLSA STATUS	<input type="checkbox"/> E - EXEMPT <input type="checkbox"/> N - NON-EXEMPT
OVERTIME LEAVE MAXIMUM	<input type="checkbox"/> 0 - NOT ELIGIBLE <input type="checkbox"/> 1 - MAXIMUM OF 240 HRS. <input type="checkbox"/> 2 - MAXIMUM OF 480 HRS.
PERCENT EMPLOYMENT	<input type="checkbox"/> . <input type="checkbox"/>	
ON CALL LEAVE STATUS	<input type="checkbox"/> N - NOT ELIGIBLE <input type="checkbox"/> Y - ELIGIBLE
PERIOD START DATE	<input type="checkbox"/>	<input type="checkbox"/>
SDP PARTICIPANT	N-NO Y-YES	
SDP RECIPIENT	N-NO Y-YES	60 DAY LEAVE INDICATOR .. <input type="checkbox"/> N - NO <input type="checkbox"/> Y - YES
SDP EMPLOY DATE	<input type="checkbox"/>	<input type="checkbox"/>
BEGIN LEAVE DATE	<input type="checkbox"/>	<input type="checkbox"/>
END LEAVE DATE	<input type="checkbox"/>	<input type="checkbox"/>
ADJUSTED EMP. DATE	<input type="checkbox"/>	<input type="checkbox"/>
PROCESS INDICATOR	<input type="checkbox"/> BLANK - YES <input type="checkbox"/> N - NO
COMP. LEAVE STATUS	<input type="checkbox"/> N - NO <input type="checkbox"/> Y - YES
EXPLANATION OF CHANGES ENTERED: _____		
PREPARED BY	DATE	
KEYED BY	DATE	

L - 4
8/99

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

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;">0 0</div> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>COMPANY NAME</p> <hr style="border: 0; border-top: 1px solid black;"/> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p>PRIMARY CIPPS LEAVE COORDINATOR</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(NAME)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TITLE)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TELEPHONE)</p> </td> <td style="vertical-align: top; padding: 5px;"> <p>SECONDARY CIPPS LEAVE COORDINATOR</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(NAME)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TITLE)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TELEPHONE)</p> </td> </tr> </table> <p>APPROXIMATE NUMBER OF SALARIED EMPLOYEES: _____</p>		<p>COMPANY NUMBER</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0 0</div>	<p>COMPANY NAME</p> <hr style="border: 0; border-top: 1px solid black;"/>	<p>PRIMARY CIPPS LEAVE COORDINATOR</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(NAME)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TITLE)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TELEPHONE)</p>	<p>SECONDARY CIPPS LEAVE COORDINATOR</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(NAME)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TITLE)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TELEPHONE)</p>		
<p>COMPANY NUMBER</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0 0</div>	<p>COMPANY NAME</p> <hr style="border: 0; border-top: 1px solid black;"/>						
<p>PRIMARY CIPPS LEAVE COORDINATOR</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(NAME)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TITLE)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TELEPHONE)</p>	<p>SECONDARY CIPPS LEAVE COORDINATOR</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(NAME)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TITLE)</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>(TELEPHONE)</p>						
<p>II. DISTRIBUTION OF REPORTS</p> <p>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;"> <tr> <td style="width: 15%; 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>MAILING ADDRESS : _____</p> <p>CONTACT PERSON : _____</p> <p style="text-align: right;">(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						
<div style="border: 1px solid black; display: inline-block; padding: 2px;">L-5 7/99</div>							

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

L-7 - Leave History Request – HQFU1

LEAVE HISTORY REQUEST													
SCREEN ID: HQFU1													
COMPANY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>	0	0										
0	0												
REQUEST NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table>												
TYPE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table>												
EMPLOYEE NAME (OPTIONAL)													
<hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/>													
<hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/>													
PREPARED BY	DATE												
<hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/>													
KEYED BY	DATE												
<hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/>													
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">L-7 7/99</td> </tr> </table>		L-7 7/99											
L-7 7/99													

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

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*
-