

Monthly Leave and Pay Adjustment Record

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| MONTH |
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|----------|------|------|----------------|--|--|--|
| NAME | | | UNIVERSITY ID | | | |
| ORG-DEPT | BLDG | ROOM | CLASSIFICATION | | | |

MASTER FILE KEY

| FND | ORG | DEPT | SDEPT | GRT/PROG | IACT | OACT | DPACT | FN | CCTR |
|-----|-----|------|-------|----------|------|------|-------|----|------|
| | | | | | | | | | |

| Date | Hours | Code | Hours | Code | Hours | Code | Hours | Code | Date | Hours | Code | Hours | Code | Hours | Code | Hours | Code |
|------|-------|------|-------|------|-------|------|-------|------|------|-------|------|-------|------|-------|------|-------|------|
| 1 | | | | | | | | | 19 | | | | | | | | |
| 2 | | | | | | | | | 20 | | | | | | | | |
| 3 | | | | | | | | | 21 | | | | | | | | |
| 4 | | | | | | | | | 22 | | | | | | | | |
| 5 | | | | | | | | | 23 | | | | | | | | |
| 6 | | | | | | | | | 24 | | | | | | | | |
| 7 | | | | | | | | | 25 | | | | | | | | |
| 8 | | | | | | | | | 26 | | | | | | | | |
| 9 | | | | | | | | | 27 | | | | | | | | |
| 10 | | | | | | | | | 28 | | | | | | | | |
| 11 | | | | | | | | | 29 | | | | | | | | |
| 12 | | | | | | | | | 30 | | | | | | | | |
| 13 | | | | | | | | | 31 | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | |

SHIFT DIFFERENTIAL PAY

| WEEK ENDING | SECOND SHIFT | | THIRD SHIFT | |
|-------------|--------------|--------------|-------------|--------------|
| | Regular Hrs | Overtime Hrs | Regular Hrs | Overtime Hrs |
| | | | | |
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Paid Leave Codes

- | | |
|-----------------------------------|--|
| 1 Vacation | 13 FMLA Bone Marrow Donor |
| 2 Sick Leave -- Regular | 17 FMLA Vascular Organ Donor |
| 3 Sick Leave -- Family Caregiving | 51 FMLA Vacation |
| 4 Sick Leave -- Funeral | 52 FMLA Sick Leave -- Regular |
| 5 Sick Leave -- Pallbearer | 53 FMLA Sick Leave -- Family Caregiving |
| 6 Sick Leave -- On-the-Job Injury | 55 FMLA Workers Comp -- Vacation |
| 7 Sick Leave -- Adoption | 56 FMLA Workers Comp -- Sick |
| 10 Jury Duty | 57 FMLA Sick Leave -- Adoption |
| 11 Military Leave | 58 FMLA Workers Com -- Unpaid |
| 12 Bone Marrow Donor | 60 FMLA Vacation -- Military Exigency |
| 14 Vascular Organ Donor | 63 FMLA FCL -- Military Family Care |
| | 64 FMLA Vacation -- Military Family Care |

Pay Adjustments

- 20 Hours in Excess of Regular Schedule -- Paid at 1.5 x Regular Hourly Rate
- 21 Hours in Excess of Regular Schedule -- Paid at Regular Hourly Rate
- 22 Call Back Hours -- Paid at 1.5 x Regular Hourly Rate
- 23 Call Back Hours -- Paid at Regular Hourly Rate
- 24 Hours of Absence Without Pay
- 25 Standby Hours -- Paid at 10% of Regular Hourly Rate
- 26 Holiday Pay -- Paid at Regular Hourly Rate
- 28 Pharmacy Night Shift -- Paid at 10% of Regular Hourly Rate
- 29 FMLA Hours of Absence Without Pay
- 61 FMLA Unpaid -- Military Exigency
- 65 FMLA Unpaid -- Military Family Care

Compensatory Time

- 30 Compensatory Hours Earned
- 31 Compensatory Hours Taken
- 32 Compensatory Hours Paid
- 33 FMLA Regular Compensatory Hours

Holiday Compensatory Time

- 40 Holiday Compensatory Hours Earned
- 41 Holiday Compensatory Hours Taken
- 42 Holiday Compensatory Hours Paid
- 43 FMLA Holiday Compensatory Hours

HOLIDAY PAY

*** Merit Employees Only ***

- A. Premium Time due (Holiday hours worked X ½) _____
- B. Holiday hours actually worked _____
- C. TOTAL (A + B = Holiday Pay due) _____
- D. No. of hours from line C to be paid on next regular salary check. (Enter on appropriate date above with Code 26)
- E. Subtract line D from line C. This is the number of Holiday Compensatory Time hours earned. (Enter on appropriate date above with Code 40) _____

I would like my Sick Leave transferred to Vacation:

- This Month Only Every Month Possible
- Cancel my election to transfer Sick Leave to Vacation.

I certify that I worked my regularly scheduled hours during the month covered by this record except as indicated above.

_____ Signature of Staff Member

_____ Signature of Supervisor