

Monthly Leave and Pay Adjustment Record																			
NAME											UI	UNIVERSITY ID							
ORG-DEPT BLDG						ROOM					CI	CLASSIFICATION							
								OTER		I/EV/									
							FILE	KEY											
Date	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Date	Hours	Code	Hours	Code	Hours	Code	Hou	rs	Code	
1									19										
2									20										
3									21										
4									22										
5									23										
7									24 25										
8		1							26										
9									27										
10									28										
11									29										
12									30										
13									31										
14									SHIFT DIFFERENTIAL PAY										
15										WEE	<	SECOND SHIFT		THIRD SHIFT					
16										ENDING		Regular Hr	egular Hrs Overtime Hrs		Regular	Regular Hrs Overtime		ime Hrs	
17									Į <u>L</u>										
18									J ∟										
Paid	d Leave	Codes							1 -										
1	id Leave Codes Vacation				MLA Bone M				l ⊢										
2 3	Sick Leave -	-	aregiving		17 FMLA Vascular Organ Donor51 FMLA Vacation				╽┕										
4 5	Sick Leave -		er		FMLA Sick Le FMLA Sick Le	-		α	1	HOLIDAY PAY *** Merit Employees Only ***									
6	Sick Leave -	- On-the-J	ob Injury	55 F	MLA Worker	s Comp	Vacation	9		A. Premium Time due (Holiday hours worked X ½)									
7 10	Sick Leave - Jury Duty	- Adoption	l		56 FMLA Workers Comp Sick57 FMLA Sick Leave Adoption					B. Holiday hours actually worked C. TOTAL (A + B = Holiday Pay due)									
11 12	Military Leave 58 FMLA Workers Com – Unpaid Bone Marrow Donor 60 FMLA Vacation – Military Exigency									D. No. of hours from line C to be paid on next regular salary check.									
14	Vascular Or	gan Donor			FMLA FCL – I FMLA Vacatio			2	1	(Enter on appropriate date above with Code 26) E. Subtract line D from line C. This is the number of Holiday									
Pay	Adjustr						(Compensatory Time hours earned. (Enter on appropriate date above with Code 40)											
20 21			gular Schedule gular Schedule		_		ate	(Enter on ap	propriate	e date above	with Co	ue 40)						
22 23			d at 1.5 x Regu d at Regular Ho	Rate	1	I would like my Sick Leave transferred to Vacation:													
24	Hours of Ab	nout Pay	5.		☐ This Month Only ☐ Every Month Possible ☐ Cancel my election to transfer Sick Leave to Vacation.														
25 26			at 10% of Reg Regular Hourly		y Kate			Cancer my election to transier out Leave to validation.											
28 29		-	- Paid at 10% ce Without Pay	-	I certify that I worked my regularly scheduled hours during the month covered by this record except as indicated above.														
61 65	FMLA Unpa	id – Militar	y Exigency						^r	nonth cove	red by t	nis record	except a	s indicated	above.				
65 FMLA Unpaid – Military Family Care Compensatory Time Holiday Compensatory Time													ture of S	Staff Memb	er				
30 Cd	ompensatory	Hours Ear	ned	40 Holi	day Compeni day Compeni	satory Hou	irs Earned												
32 C	mpensatory //LA Regular	Hours Paid	d	42 Holi	day Compens A Holiday Co	ırs Paid			Signature of Supervisor										