University of Virginia Time Management Form – Shift Hours Worked

<u>Code</u>	de Payroll Elements – Leave												Coc	Code Civil and Work Related Payroll Elements - Leave								Code Family Medical Leave (FMLA) Payroll Elements - Leave								
A AC CC CS E FP FS H OL RL S SL VS MA MP BMOD UL	A Annual Leave AC Agency Closing (Inclement Weather) C Comp Leave CS Comp Special Leave E Educational Leave FP Family Personal Leave (VSDP) FS Family Sick Leave (Personal)* H Holiday OL Overtime Leave RL Recognition Leave S Sick Leave (Personal) SL School / Volunteer Leave VS Sick Leave (VSDP) MA Military Active Duty MP Military Physical IOD BMOD Leave (Bone Marrow/Organ Donor)													AM Civil & Work Related Leave  (Check VALID reason code below and attach supporting documentation where policy requires).  Administrative Summons Employee Assistance Program (EAP) Career Services Grievance Process Subpoena for Witness or Victim Accompany Minor Child Member of State Council, Commission, Board, Committee Naturalization Ceremony UVa Interview Unemployment Compensation or Workers' Compensation Hearing  AM-INT Interview-Other State Agency									FMFN FMLA Lv Family Mem No LV FMF FMLA Lv Family Member FMPN FMLA Lv Personal No Lv FMP FMLA Lv Personal FMLA leave to be keyed by Departmental Timekeeper only. If employee inadvertently deletes FMLA from timecard, see they should contact the Departmental Timekeeper for assistance.  Short Term Disability and Workers Comp Leave Types OSTD STD (ORP) VSTD STD (VSDP) VWC STD WC (VSDP) NWC Workers Comp (Non-VSDP) Please indicate leave type, certify and return to the UHR Leave							
ULAB	University Leave Annual Bank											AM	AM-OE Emergency Disaster Leave									Center. These hours will not appear on your timecard.								
	ndicate relationship for absence required by illness or death in "immediate family" or "other relative sharing employee's													AM-JD Jury Duty AM-OFE Officer of Election																
home": _	÷:																	tion on	thia for		te and complete.									
CSHW CSAC Code	Comp Special Earned (Enter for Non-exempt who work on their alternate work schedule day off).  Comp Special Holiday Worked (enter for Exempt, for Non-exempt system will automatically calculate).  Comp Special Agency Closing (enter for Exempt and Non-exempt if employee works an Agency Closing day).												Emp	Employee Name (Please Print):  Employee Signature: Date:																
HW CBS	1 / 2/												Supe	rvisor Si	gnature	e:					Date:									
SB	Stand B	By (enter	for Non-	exempt,	only)																									
Organization: Assignment Number:													Payroll: <b>Bi-weekly</b> Pay Period: Be							d: Begi	egin End									
	Mon		Tue		Wed		Thu		Fri		Sat		un	Mon		Tue		Wed		Thu		Fri		Sat		Sun		Total		
Code	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In O	t Hrs/Ir	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out			