

# University of Virginia Time Management Form

**Please COMPLETE ALL entries. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

<p><b>Code</b> <u>Pavroll Elements—Leave</u></p> <p><b>A</b> Annual Leave</p> <p><b>AC</b> Agency Closing (Inclement Weather)</p> <p><b>BMOD</b> BMOD Leave (Bone Marrow/Organ Donor)</p> <p><b>C</b> Comp Leave</p> <p><b>CS</b> Comp Special Leave</p> <p><b>CSAC</b> Comp Special Agency Closing (Enter for Exempt and Non-exempt if employee works on Agency Closing day)</p> <p><b>CSE</b> Comp Special Earned (Enter for Non-exempt who work on their alternate work schedule day off)</p> <p><b>CSHW</b> Comp Special Holiday Worked (Enter for Exempt. For Non-exempt the system will automatically calculate)</p> <p><b>E</b> Educational Leave</p> <p><b>FP</b> Family Personal Leave (VSDP)</p> <p><b>FS</b> Family Sick Leave (Personal)*</p> <p><b>H</b> Holiday</p> <p><b>OL</b> Overtime Leave</p> <p><b>MA</b> Military Active Duty</p> <p><b>MP</b> Military Physical</p> <p><b>RL</b> Recognition Leave</p> <p><b>S</b> Sick Leave (Personal)</p> <p><b>SL</b> School/Volunteer Leave</p> <p><b>UL</b> University Leave</p> <p><b>VS</b> Sick Leave (VSDP)</p> <p><b>Code</b> <u>Pavroll Elements—Earnings</u></p> <p><b>CBS</b> Call Back Supplemental (Enter for Non-exempt only)</p> <p><b>HW</b> Hour Worked (Enter for Non-exempt only)</p> <p><b>SB</b> Stand By (Enter for Non-exempt only)</p>	<p><b>*PLEASE CHECK ONE OF THE FOLLOWING (Required):</b></p> <p><input type="checkbox"/> Original Submission - or -</p> <p><input type="checkbox"/> Correction Only (Complete as it should have been done circling corrections)</p> <p><i>If this is a correction only, please choose one below:</i></p> <p><input type="checkbox"/> Pay Adjustment Only</p> <p><input type="checkbox"/> Leave Adjustment Only</p> <p><input type="checkbox"/> Both Pay and Leave Adjustment</p> <p><b>Code</b> <u>Civil and Work-Related Pavroll Elements—Leave</u></p> <p><b>AM</b> Civil and Work-Related Leave (Check VALID reason code below and attach supporting documentation as policy requires)</p> <p><input type="checkbox"/> Accompany Minor Child</p> <p><input type="checkbox"/> Administrative Summons</p> <p><input type="checkbox"/> Career Services</p> <p><input type="checkbox"/> Employee Assistance Program (EAP)</p> <p><input type="checkbox"/> Grievance Process</p> <p><input type="checkbox"/> Member of State Council, Commission, Board, Committee</p> <p><input type="checkbox"/> Naturalization Ceremony</p> <p><input type="checkbox"/> Subpoena for Witness or Victim</p> <p><input type="checkbox"/> Unemployment Compensation or Workers' Compensation</p> <p><input type="checkbox"/> UVA Interview</p> <p><b>AM-INT</b> Interview—Other State Agency</p> <p><b>AM-JD</b> Jury Duty</p> <p><b>AM-OE</b> Emergency Disaster Leave</p> <p><b>AM-OFE</b> Officer of Election</p>	<p><b>Code</b> <u>Family Medical Leave (FMLA) Pavroll Elements—Leave</u></p> <p><b>FMF</b> FMLA Lv Family Member</p> <p><b>FMFN</b> FMLA Lv Family Mem No Lv</p> <p><b>FMP</b> FMLA Lv Personal</p> <p><b>FMPN</b> FMLA Lv Personal No Lv</p> <p><b>Short Term Disability and Workers Comp Leave Types</b></p> <p><b>NWC</b> Workers Comp (Non-VSDP)</p> <p><b>OSTD</b> STD (ORP)</p> <p><b>VSTD</b> STD (VSDP)</p> <p><b>VWC</b> STD WC (VSDP)</p> <p><b>Signatures certify this information is accurate and complete:</b></p> <p><b>Employee Certification</b> Printed Name: _____</p> <p>Signature: _____ Date: _____</p> <p><b>Supervisor Certification</b> Printed Name: _____</p> <p>Signature: _____ Date: _____</p> <p><b>Department Certification</b> Timekeeper Name: _____</p> <p>Timekeeper Extension: _____</p>
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\*Indicate relationship for absence required by illness or death in "immediate family" or "other relative sharing employee's home":  
Relationship \_\_\_\_\_

FMLA leave is to be keyed by the Departmental Timekeeper only.

Please note leave type, certify, and return to UHR Payroll. STD/WC hours will not show on timecard.

**Organization:** \_\_\_\_\_ **Assignment #:** \_\_\_\_\_ **Payroll:** Bi-weekly **Pay Period:** Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Code															

**Note: The deadline for all retroactive timecards is the Wednesday prior to the payroll processing week.**  
**Please fax to the Payroll Department at (434) 924-4042**