

University of Virginia Time Management Form

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

<p>Code <u>Payroll Elements—Leave</u></p> <p>A Annual Leave</p> <p>AC Agency Closing (Inclement Weather)</p> <p>BMOD BMOD Leave (Bone Marrow/Organ Donor)</p> <p>C Comp Leave</p> <p>CS Comp Special Leave</p> <p>CSAC Comp Special Agency Closing (Enter for Exempt and Non-exempt if employee works on Agency Closing day)</p> <p>CSE Comp Special Earned (Enter for Non-exempt who work on their alternate work schedule day off)</p> <p>CSHW Comp Special Holiday Worked (Enter for Exempt. For Non-exempt the system will automatically calculate)</p> <p>E Educational Leave</p> <p>FP Family Personal Leave (VSDP)</p> <p>FS Family Sick Leave (Personal)*</p> <p>H Holiday</p> <p>OL Overtime Leave</p> <p>MA Military Active Duty</p> <p>MP Military Physical</p> <p>RL Recognition Leave</p> <p>S Sick Leave (Personal)</p> <p>SL School/Volunteer Leave</p> <p>UL University Leave</p> <p>VS Sick Leave (VSDP)</p> <p>Code <u>Payroll Elements—Earnings</u></p> <p>CBS Call Back Supplemental (Enter for Non-exempt only)</p> <p>HW Hour Worked (Enter for Non-exempt only)</p> <p>SB Stand By (Enter for Non-exempt only)</p>	<p>*PLEASE CHECK ONE OF THE FOLLOWING (Required):</p> <p><input type="checkbox"/> Original Submission - <i>or</i> -</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>Code <u>Civil and Work-Related Payroll Elements—Leave</u></p> <p>AM 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>AM-INT Interview—Other State Agency</p> <p>AM-JD Jury Duty</p> <p>AM-OE Emergency Disaster Leave</p> <p>AM-OFE Officer of Election</p>	<p>Code <u>Family Medical Leave (FMLA) Payroll Elements—Leave</u></p> <p>FMF FMLA Lv Family Member</p> <p>FMFN FMLA Lv Family Mem No Lv</p> <p>FMP FMLA Lv Personal</p> <p>FMPN FMLA Lv Personal No Lv</p> <p>Short Term Disability and Workers Comp Leave Types</p> <p>NWC Workers Comp (Non-VSDP)</p> <p>OSTD STD (ORP)</p> <p>VSTD STD (VSDP)</p> <p>VWC STD WC (VSDP)</p> <p>Signatures certify this information is accurate and complete:</p> <p>Employee Certification Printed Name: _____</p> <p>Signature: _____ Date: _____</p> <p>Supervisor Certification Printed Name: _____</p> <p>Signature: _____ Date: _____</p> <p>Department Certification 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.