|  |
| --- |
| **PAYROLL/PERSONNEL REPORTING FORM** |
|  |
|       |  |       |  |       |
| NAME |  | CS N# |  | BANNER ID |
|  |
|       |  |       |
| DEPARTMENT | AIS BUDGET PURPOSE |
|  |
| A. | HOURS WITHOUT PAY |       | Date(s) |       |
|  | Employee is on: | [ ]  Medical Leave | [ ]  Non-Medical Leave |
|  |
|  |
| B. | COMPENSATORY TIME (MUST BE APPROVED IN ADVANCE) |
| Date(s) |       |
| OVERTIME HOURS WORKED |       | X 1.5 = |       | Total  |
|  |       | Less Compensating Overtime Used |
|  |       | Total TO BE ENTERED IN PEALEAV |
| \*Compensatory time must be used within 60 days of earning it or it will be zeroed out\* |
|  |
| C. | OVERTIME TO BE PAID (MUST BE APPROVED IN ADVANCE) |
| Date(s) |       |
| OVERTIME HOURS WORKED (TOTAL TO BE PAID) |       | \*Enter actual overtime hours worked over, do not multiply by 1.5\* |
|  |
| D. | LEAVE OF ABSENCE  | Reason for Leave |       |
|  | (This may include Worker’s Comp, Disability, FMLA, Medical, Personal or Military Leaves) |
|  |
|  | Date Leave Begins: |       | Date Leave Ends: |       |
|  |  |  |  |  |
|  | Last Day Worked: |       | Last Day Paid: |       |
|  |
|  | [ ]  Sick Leave Hours TO BE PAID |       | [ ]  Vacation Hours TO BE PAID |       |
|  | [ ]  Unpaid Leave (EMPLOYEE REMAINS OFF PAYROLL UNTIL DEPT. NOTIFICATION) |
|  | Date: |       |  |
|  | [ ]  Return from Unpaid Leave  |
|  | Date: |       |  |
|  |
|  |  |  |  |
|  |  |  |  |
| Date |  | Department Representative |  |
|  |  |  |  |
|  |  |  |  |
| Date |  | Fiscal Officer/Designated Representative |  |
|  |  |  |  |
|  |  |  |  |
| Date |  | Vice Chancellor or Functional Area Director  |  |
|  |  |  |  |
|  |  |  |  |
| Date |  | Human Resources Representative |  |
|  |  |  |  |

 05/16