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| **PAYROLL/PERSONNEL REPORTING FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | | | | | | |  | | | | | | | | | | | | | | CS N# | | | | | | | | |  | | | BANNER ID | | | |
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| DEPARTMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AIS BUDGET PURPOSE | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | | HOURS WITHOUT PAY | | | | | | | | |  | | | | | | Date(s) | | | | | | | | |  | | | | | | | | | | |
|  | | Employee is on: | | | | | | | | Medical Leave | | | | | | | Non-Medical Leave | | | | | | | | | | | | | | | | | | | |
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| 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: | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Date | | | | |  | | Department Representative | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Date | | | | |  | | Fiscal Officer/Designated Representative | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Date | | | | |  | | Vice Chancellor or Functional Area Director | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Date | | | | |  | | Human Resources Representative | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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05/16