

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Completed forms should be submitted to the Office of Human Resources. Sections A and B are to be reviewed by Benefits. If only section C is completed, form can be submitted directly to Payroll.

NAME (First, Last): _____ BANNER ID: _____

CS N#: _____ DEPARTMENT: _____

AIS BUDGET PURPOSE: _____ NON-BARGAINING BARGAINING: (Unit Name) _____

A. 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: _____

B. HOURS WITHOUT PAY: _____ Date(s): _____

Employee is on: Medical Leave Non-Medical Leave FMLA Workers' Comp.

C. OVERTIME TO BE PAID (MUST BE APPROVED IN ADVANCE):

Per contract overtime is paid based on: Time Worked Hours In Pay Status

Date of OT	# of Hours	Date of OT	# of Hours	Date of OT	# of Hours	Date of OT	# of Hours	Date of OT	# of Hours
1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	5. _____	_____
6. _____	_____	7. _____	_____	8. _____	_____	9. _____	_____	10. _____	_____

Payroll Use Only

HOURS WORKED: _____ [Paid as straight time].....	Pay Rate: \$ _____ x 1.0 = \$ _____
HOURS WORKED: _____ [Paid as time and a half].....	Pay Rate: \$ _____ x 1.5 = \$ _____
HOURS WORKED: _____ [Paid as double time].....	Pay Rate: \$ _____ x 2.0 = \$ _____
TOTAL WORKED: _____	TOTAL AMOUNT TO BE PAID: \$ _____
	Paid on payroll number _____ SM/FA payroll

Department Representative: _____ Date: _____

Fiscal Officer/Designated Representative: _____ Date: _____

Vice Chancellor or Functional Area Director: _____ Date: _____

HUMAN RESOURCES VERIFICATION

HR Authorizing Signature: _____ Date: _____