University of Virginia Time Management Form – Shift Hours Worked

Code **Payroll Elements – Leave**

A Annual Leave
AC Agency Closing (Inclement Weather)
C Comp Leave
CS Comp Special Leave
E Educational Leave
FP Family Personal Leave (VSDP)
FS Family Sick Leave (Personal)*
H Holiday
OL Overtime Leave
RL Recognition Leave
S Sick Leave (Personal)
SL School / Volunteer Leave
VS Sick Leave (VSDP)
MA Military Active Duty
MP Military Physical
BMOD BMOD Leave (Bone Marrow/Organ Donor)

*Indicate relationship for absence required by illness or death in "immediate family" or "other relative sharing employee's home": _____

CSE Comp Special Earned (Enter for Non-exempt who work on their alternate work schedule day off).
CSHW Comp Special Holiday Worked (enter for Exempt, for Non-exempt system will automatically calculate).
CSAC Comp Special Agency Closing (enter for Exempt and Non-exempt if employee works an Agency Closing day).

Code **Payroll Elements - Earnings**

HW Hours Worked (enter for Non-exempt, only)
CBS Call Back Supplemental (enter for Non-exempt, only)
SB Stand By (enter for Non-exempt, only)

Code **Civil and Work Related Payroll Elements - Leave**

AM Civil & Work Related Leave

(Check VALID reason code below and attach supporting documentation where policy requires).

☐ Administrative Summons
☐ Employee Assistance Program (EAP)
☐ Career Services
☐ Grievance Process
☐ Subpoena for Witness or Victim
☐ Accompany Minor Child
☐ Member of State Council, Commission, Board, Committee
☐ Naturalization Ceremony
☐ UVa Interview
☐ Unemployment Compensation or Workers' Compensation Hearing

AM-INT Interview-Other State Agency
AM-OE Emergency Disaster Leave
AM-JD Jury Duty
AM-OFE Officer of Election

Code **Family Medical Leave (FMLA) Payroll Elements - Leave**

FMFN FMLA Lv Family Mem No LV
FMF FMLA Lv Family Member
FMPN FMLA Lv Personal No Lv
FMP FMLA Lv Personal

FMLA leave to be keyed by Departmental Timekeeper only. If employee inadvertently deletes FMLA from timecard, see they should contact the Departmental Timekeeper for assistance.

Short Term Disability and Workers Comp Leave Types

VSTD STD (VSDP)
VWC STD WC (VSDP)
NWC Workers Comp (Non-VSDP)

Please indicate leave type, certify and return to the UHR Leave Center. These hours will not appear on your timecard.

Signatures certify that the information on this form is accurate and complete.

Employee Name (Please Print):_____

Employee Signature: _____ Date:_____

Supervisor Signature: _____ Date:_____

Organization: _____ Assignment Number: _____ Payroll: **Bi-weekly** Pay Period: Begin _____ End _____

	Mon		Tue		Wed		Thu		Fri		Sat		Sun		Mon		Tue		Wed		Thu		Fri		Sat		Sun		Total
Code	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	Hrs/In	Out	