# University of Virginia Time Management Form

**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):_____

Signature: _____ Date:_____

Supervisor Signature:_____

Date:_____

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

| Code | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total |
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