

University of California, Berkeley

Leave Time Report Form			<i>Month / Year</i>		<i>Monthly Work Hours</i> (Holidays with pay included) <input type="checkbox"/> 1 Exempt <input type="checkbox"/> 2 Non-Exempt		<i>Return form to</i> <i>No later than</i>	
<i>Employee's Name</i>			<i>Payroll Title</i>		<i>Appt %</i>	<i>Work Week Schedule</i>		<i>Department / Unit</i>
Day	Regular	Overtime	Holiday	Sick	Vacation	Comp Time Used	Other	<p>Leave Codes</p> <ul style="list-style-type: none"> A Administrative leave with pay B Leave without pay C Bereavement (SL) D Workers' Compensation (WC) E WC extended sick leave F Family Medical Leave Act (FMLA) leave G Supplemental family & medical leave (California Family Rights Act) H Family sick leave J Jury duty K Military leave with pay L Military leave without pay M Pregnancy disability leave <p><i>I certify that this report is accurate</i></p> <hr/> <p><i>Employee's Signature</i> <i>Date</i></p> <hr/> <p><i>Supervisor's Signature</i> <i>Date</i></p> <p><i>For Department Use Only</i></p> <div style="background-color: #e0e0e0; padding: 5px;"> <p>Balances as of _____</p> <p>Vacation leave _____</p> <p>Maximum vacation accrual _____</p> <p>Sick leave _____</p> <p>Comp time bank _____</p> <p>Current FMLA year _____ to _____</p> <p>FMLA leave taken to date _____</p> </div> <p align="center"><i>Retain for 5 years unless subject to Contract & Grant Requirements of 7-10 years.</i></p>
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