

FLORIDA A UNIVERSITY USPS ATTENDANCE AND LEAVE REPORT

BIWEEKLY PAY PERIOD												
FROM:		TO:		Department #:				Department Name:				
				Position #:				Class Title:				
NAME: Last	First	MI	SSN:				Excluded <input type="checkbox"/>		Included <input type="checkbox"/>		Contracted Hours:	

ATTENDANCE & LEAVE								WEEKLY TOTAL						WEEKLY TOTAL	BI-WEEKLY TOTAL
1. Hours Worked															
2. Overtime Reg. Comp Hours:															
3. Leave Usage															
Annual															
Sick															
Administrative															
Compensatory															
Job Disability															
Personal Holiday															
Leave W/O Pay															
Unauthorized Leave															
Regular Holiday															

EXPLANATION OF LEAVE USED											OVERTIME JUSTIFICATION			
FROM Date	TO Date	TIME	TIME	REQUESTED Leave Type	Date	FMLA Yes	FMLA No	Purpose and/or Family Relationship (ADMINISTRATIVE LEAVE)	Sup. Initial	Appr. Date	CODE:	TOTAL HOURS:		

												Authorized Signature		
											PERSONNEL OFFICE USE ONLY			
											Available Balance	Hours	Process Date	
											Annual _____	W/O Pay _____	_____	
											Sick _____	Overtime _____	_____	
I certify that the above is a true and accurate account of the time worked and leave taken during the pay period specified.														
_____ Employee's Signature				_____ Date		_____ Supervisor's Signature				_____ Date				
1. Attach a copy of official orders for administrative leave for military or jury duty.														
2. Approved overtime request must be received in the Personnel Office before overtime payment is processed.														
3. Indicate family relationship when requesting leave due to death in the immediate family.														
											Regular Comp. _____			
											Special Comp. _____			
											Overtime Comp. _____			
											Straight Time _____			