Virginia Polytechnic Institute and State University

LEAVE AND HOURS WORKED REPORT

Hours worked for Non-Exempt Salaried Employees

EMPLOYEE NAME _____ **EMPLOYEE ID #** _____ **DEPT. #** _____

Leave Period 1	_____	January 10	-	February 9	**Leave Period 7**	_____	July 10	-	August 9
Leave Period 2	_____	February 10	-	March 9	**Leave Period 8**	_____	August 10	-	September 9
Leave Period 3	_____	March 10	-	April 9	**Leave Period 9**	_____	September 10	-	October 9
Leave Period 4	_____	April 10	-	May 9	**Leave Period 10**	_____	October 10	-	November 9
Leave Period 5	_____	May 10	-	June 9	**Leave Period 11**	_____	November 10	-	December 9
Leave Period 6	_____	June 10	-	July 9	**Leave Period 12**	_____	December 10	-	January 9

Year _____

This report must be completed weekly for all non-exempt classified employees, under the Fair Labor Standards Act (FLSA). THIS REPORT MUST BE KEPT BY ALL DEPARTMENTS FOR AUDIT PURPOSES. ***The established university work week is Saturday 12:01 a.m. through Friday 11:59 p.m. (midnight).***

WORK WEEK		HOURS WORKED								CERTIFIED CORRECT BY	
BEGIN DATE	END DATE	SAT. 12:01 a.m.	SUN.	MON.	TUES.	WED.	THUR.	FRIDAY 11:59 p.m.	TOTAL HOURS WORKED	SIGNATURE OF EMPLOYEE	INITIALS OF SUPV.

I certify that this report is correct.

Date _____ Signature of Employee _____

Date _____ Signature of Supervisor/Department Head _____

LEAVE CODES

A	=	ANNUAL	**H**	=	HOLIDAY
S	=	SICK	**W**	=	HOLIDAY WORKED
FS	=	FAMILY SICK	**C**	=	COMPENSATORY (HOLIDAY USED)
PS	=	VSDP/PERSONAL SICK	**OTE**	=	OVERTIME EARNED
FP	=	VSDP/FAMILY PERSONAL	**OTC**	=	OVERTIME COMPENSATORY
VSDP	=	VIRGINIA SICKNESS AND DISABILITY	**STOT**	=	STRAIGHTTIME COMPENSATORY EARNED
MIL	=	MILITARY	**SOTU**	=	STRAIGHTTIME OVERTIME USED
LWOP	=	LEAVE WITHOUT PAY	**AC**	=	AUTHORIZED CLOSING
CS	=	COMMUNITY SERVICE	**ACW**	=	AUTHORIZED CLOSING WORKED
ADM	=	ADMINISTRATIVE	**ACU**	=	AUTHORIZED CLOSING USED
WC	=	WORKERS COMPENSATION	**DR**	=	DISASTER RELIEF

Keep original for department records