

MONTHLY ATTENDANCE REPORT

CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY SERVICES

 Athletic Corporation

 Bulldog Foundation

 Foundation

 Ag Foundation

Name: _____ Department: _____
(Please Print)

Email: _____

Attendance Report for the Month of: _____ Year: 20____ Exempt Non-Exempt

CODES TO USE WHEN TIME OFF IS TAKEN (SEE BACK FOR EXPLANATIONS AND ELIGIBILITY)

(S) Sick Leave Self	(H) Holiday	(PL) Parent Leave	(U) Unapproved Absence (Unpaid)
(SF) Sick Leave Family	(J) Jury Duty/Witness	(C) Work Related Injury or Illness	(L) Approved Leave (Unpaid)
(V) Vacation	(B) Bereavement	(D) Disability (Not Work related)	(W) Worked on Holiday

Hours Worked					Time Off Used			
Date	Time In	Time Out	Time In	Time Out	# of Hours Worked	# of Hours Off	Reason Code	Explanation
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Total Hours: (S) _____ (V) _____ Unpaid _____ Over Base _____ Overtime _____

EXEMPT EMPLOYEES ONLY: I CERTIFY NO TIME OFF WAS TAKEN AS DESCRIBED IN CODES SECTION ABOVE.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____ Payroll Input _____ Date _____

Your Monthly Attendance Report is due to Auxiliary Human Resources & Payroll five days after the end of the month. If your supervisor is unavailable for signature, please submit a copy and forward the signed original as soon as possible. Please see additional detailed instructions on back of form.

auxiliary-payroll@mail.fresnostate.edu

INSTRUCTIONS FOR COMPLETING FORM

1. Complete form according to your classification: Salaried Non-Exempt or Exempt.

Non-Exempt employees: List hours worked, lunch in/out AND all absences.

Exempt employees: List only full-day absences.
*If none, check Exempt Employee box at the bottom of the page.

TIME OFF CODES AND EXPLANATIONS

The following descriptions will assist you in using these benefits and understanding eligibility when time off is needed. If you have any questions or need clarification, please contact Auxiliary Human Resources for advice and assistance. Please do not consult with an employee of the University as they may give you information that relates to their employment policies and benefits and not those of the Auxiliary corporations.

SICK LEAVE (S) is used for your own illness or medical appointments. Your sick leave credits will be used when you are on disability, work related illness or injury, pregnancy disability, CFRA and FMLA related matters.

SICK LEAVE FAMILY (SF) may be used for short illnesses or medical appointments for your child, spouse or parent. It may also be used for serious long-term illnesses lasting more than three days while eligible for FMLA or CFRA. Sick leave for family purposes is used from your accrued sick leave credits. Up to half of your accrued sick time per year may be used to care for a sick family member to include: child, parent, spouse, or domestic partner.

Please note: To be eligible, you must list the family member under explanation on the front of this form.

BEREAVEMENT LEAVE (B) is for the death/funeral of a family member, please see the Employee Handbook for circumstances that are covered under this leave.

VACATION (V) may be used when your supervisor has granted prior approval. It may also be used when you no longer have sick leave credits while on disability, workers' compensation, FMLA, CFRA or pregnancy disability leave.

MILITARY LEAVE time is deducted from vacation.

PARENT LEAVE (PL) is for visits to your child's school for conferences with school personnel or to attend a school function during the school day. Vacation time can be used.

JURY DUTY (J) is paid up to a certain number of days per year. Vacation may be used if additional time is required. To be eligible, all notices of served jury duty and information regarding any payments (other than meals or mileage) must be submitted to the payroll department.

LEAVE OF ABSENCE INFORMATION
Employees may be entitled to certain leaves established by federal and state laws. These leaves include Pregnancy Disability Leave (PDL), California Family Rights Act (CFRA), Federal Family Medical Leave ACT (FMLA), and Military. To be eligible, certification by a medical provider or military authority is required. Contact Auxiliary Human Resources to determine eligibility and obtain necessary forms.

2. Submit form to supervisor for approval, then forward to Auxiliary Human Resources & Payroll within five (5) days of the end of the month.