MONTHLY ATTENDANCE REPORT CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY HUMAN RESOURCES & PAYROLL

	Athletic Cor	poration	☐ Bulldog Foundation			☐ Foundation	\square Ag Foundation		
Name: _						Department:			
-mail		•	lease Print)						
mail: Ittendance Report for the Month of:					Year : 20		☐ Exempt ☐ Non-Exempt		
						OR EXPLANATION		IRII ITY)	
(S) Sick Leave Self (H) (SF) Sick Leave Family (J) (V) Vacation (B)		Holiday Jury Duty/Witness		(PL) Parent Leave (C) Work Related Injury or Illness (D) Disability (Not Work related)		(U) Unapproved Absence (Unpaid) (L) Approved Leave (Unpaid) (W) Worked on Holiday/Campus Closure Day			
		Hou	rs Worked				Time Off U	sed	
Date	Time In	Time Out	Time In	Time Out	# of Hours	# of Hours Off	Reason Code	Explanation	
1					Worked			·	
2									
3									
4									
5									
6 7									
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25									
26									
27 28									
29									
30									
31									
Total Hours: (S) (V)			(V)	Unpaid		Over Base		Overtime	
EXEMPT EMPLOYEES ONLY: I CERTIFY NO TIME OFF NEW PROPERTY OF THE PROPERTY OF T									
					Date Payroll Input Date			Dato	

INSTRUCTIONS FOR COMPLETING THE MONTHLY ATTENDANCE REPORT

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

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

<u>Exempt Employees:</u> List <u>only</u> full-day absences.

*If none, check Exempt Employee box at the bottom of the page.

TIME OFF CODES AND EXPLANATIONS

These descriptions will help you understand your benefits and eligibility for time off. For questions or clarification, please contact Auxiliary Human Resources & Payroll. <u>Please do not consult with University (state-side) employees as their policies and benefits differ from Auxiliary organizations.</u>

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

SICK LEAVE FAMILY (SF) may be used for a family member's short illness or medical appointment(s). Refer to your Employee Handbook for list of eligible family members. For a family member's long-term illness lasting more than three days, contact the Benefits Coordinator to determine leave of absence eligibility.

Please note: You must indicate the family member along with this code.

BEREAVEMENT LEAVE (B) may be used following the loss of a family member. Your sick leave balance will be used. Please refer to your Employee Handbook for additional information.

VACATION (V) may be used when your supervisor has granted approval.

PARENT LEAVE (PL) may be used if you are the parent or guardian of K-12 children to attend school conferences or functions during the school day. Vacation time may be used.

JURY DUTY (J) is paid up to 30 days per calendar year. All notices of jury duty, confirmation of attendance, and information regarding any payments (other than mileage) must be submitted with Monthly Attendance Report.

LEAVE OF ABSENCE INFORMATION

Employees may be eligible for leave under federal and/or state laws, including Pregnancy Disability Leave (PDL), California Family Rights Act (CFRA), Family Medical Leave Act (FMLA), and Military Leave. Certification from a medical provider or military authority is required. Contact the Benefits Coordinator at (559) 278-0865 for eligibility and required forms.

2. Submit completed Monthly Attendance Report to your supervisor for approval signature, then forward to Auxiliary Human Resources & Payroll within five (5) days of the end of the month. If your supervisor is unavailable for signature, please submit a copy and forward the signed report as soon as possible.