

AGENCY NUMBER

0 0 2 7 6

LEAVE ACTIVITY REPORTING FORM P-8

EXHIBIT #15

SCREEN I.D.

HMSUA

FIRST NAME

MI

LAST NAME

EMPLOYEE NUMBER (SS #)

VERY IMPORTANT: Use either period 1 or period 2 - Please Do Not Overlap Periods

Period 1: (25th through 9th)

or

Period 2: (10th through 24th)

LEAVE TAKEN SECTION

TYPE	HOURS	DATE FROM (MM/DD/YY)	DATE TO (MM/DD/YY)	NOTES/COMMENTS
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TYPE OF LEAVE TAKEN

AT = ANNUAL LEAVE TAKEN
 CT = COMPENSATORY LEAVE TAKEN
 CS = COMMUNITY SERVICE/SCHOOL ASSIST
 OX = OVERTIME LEAVE TAKEN
 OT = OTHER LEAVE - Do Not Use For OVERTIME

TYPE OF LEAVE TAKEN

BT = BONUS LEAVE TAKEN
 ET = EDUCATIONAL LEAVE TAKEN
 JT = ADMINISTRATIVE LEAVE TAKEN
 MT = MILITARY LEAVE TAKEN
 RT = RECOGNITION LEAVE TAKEN

SICK LEAVE - VSDP

SP = SICK PERSONAL TAKEN
 FP = FAMILY PERSONAL TAKEN
 DC = DISABILITY CREDIT USAGE
 SD = SHORT TERM DISABILITY USAGE

SICK LEAVE - TRADITIONAL

SP = SICK PERSONAL TAKEN
 SF = SICK FAMILY TAKEN

EMPLOYEE SIGNATURE (FULL NAME)

DATE (Signature certifies accuracy)

SUPERVISOR SIGNATURE

DATE (Signature certifies accuracy / supervisor approval)

LEAVE EARNED SECTION

OT = overtime leave earned

CT = compensatory time earned

TYPE	HOURS	DATE FROM (MM/DD/YY)	DATE TO (MM/DD/YY)	REASON
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EMPLOYEE SIGNATURE (FULL NAME)

DATE (Signature certifies accuracy)

SUPERVISOR SIGNATURE

DATE (Signature certifies accuracy / supervisor approval)

janet.lenhart@sv.vccs.edu

Last updated 3/6/2007