

California State University, Long Beach
ABSENCE AND ADDITIONAL TIME WORKED REPORT

Pay Period (month/year)	Unit	Dept ID	Timekeeper	Timebase/FTE	Indicate Alternate Work Schedule
Last Name	First Name	Middle Initial	Employee ID	Empl Rec.	

Time Reporting Code Legend

ADO: Additional Day Off Earned ADOT: Additional Day Off Taken CIT: Citizen Time Off CTO: Compensatory Time Off (Using time) CTPR: Compensatory Time Earned (Premium) CTST: Compensatory Time Earned (Straight) DOCK: Approved Leave without Pay or AWOL	EM: Excess Hours Minus EP: Excess Hours Plus FL: Funeral Leave JD: Jury Duty or Subpoenaed Witness ML: Military Leave MPA: Maternity/Paternity/Adoption Leave ODL: Organ Donor Leave	OTPR: Overtime (Premium time) OTST: Overtime (Straight time) PDL: Professional Development Leave PH: Personal Holiday PL: Parental Leave SHE08: Shift Evening R08 SHGRV: Shift Graveyard	SHN08: Shift Night R08 SHSWG: Shift Swing SL: Sick Leave SLD: Sick Leave (Death in Family) SLF: Sick Leave (Family) VA: Vacation
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DATES OF ABSENCES AND EXTRA TIME WORKED (Enter number of hours in date blocks)

TIME REPORTING CODES (Signature below confirms that CTO/CTPR/CTST was pre-authorized by the Appropriate Administrator.)

	31	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			
AWS*																																				
ADO																																				
ADOT																																				
CIT*																																				
CTO*																																				
CTPR																																				
CTST																																				
EM																																				
EP																																				
FL*																																				
JD*																																				
PDL*																																				
PH*																																				
SL*																																				
SLD*																																				
SLF*																																				
VA*																																				

*When reporting these TRC's, add hours to calculate Excess Hours.

INFORMATIONAL ITEMS ONLY (All DOCKS must be reported to Payroll on an Absences Without Pay form)

	31	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			
DOCK																																				
ML																																				
MPA																																				
PL																																				

THE FOLLOWING CODES GENERATE PAY (Signature below confirms OTPR/OTST was pre-authorized by the Appropriate Supervisor)

	31	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			
OTPR																																				
OTST																																				
SHE08																																				
SHGRV																																				
SHN08																																				
SHSWG																																				

USED TO REPORT INTERMITTENT FAMILY MEDICAL LEAVE – SUBMIT IN HOURS

FML																																						
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CERTIFICATE BY EMPLOYEE: To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

Employee Signature: _____ Date: _____

SUBSTANTIATION OF SUPERVISOR THAT EXTRA HOURS HAVE BEEN WORKED:

EXTRA HOURS WORKED ARE AUTHORIZED FOR COMP TIME OFF (CTO)

EXTRA HOURS WORKED ARE AUTHORIZED FOR PAYMENT

Appropriate Supervisor Signature _____ Date: _____