

INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THIS REPORT

This Time and Service Report is to be completed by every classified employee who is in a regular salaried pay status. It is not to be used for the following:

- a. OVERTIME - Report overtime hours on the special form, Employee Over Time/Compensatory/Premium Pay Form. Overtime pay is provided in accordance with present federal and state law. Any overtime, which is claimed, must have prior approval of your supervisor.
- b. HOURLY PAID employees (those who are not on a salary) will use Classified Hourly Time Sheet to report their regular hours of work.

All payroll forms must be signed and submitted to your supervisor at the end of the service or shift on the 15th OF THE MONTH.

Each supervisor will collect the signed payroll sheets for each employee under his/her supervision, review them for accuracy and completeness, certify this review by signing each sheet, and submit all reports immediately to the Payroll Office.

In completing the reverse side, list the actual hours of absence in the correct column opposite the monthly date of each working day. Also, for each hour of absence, put the correct absence code that describes the reason for the absence.

ABSENCE CODES

- S** Illness or Injury, including medical or dental visitations
SC On-the job injury, (Worker's Compensation)
E Personal Necessity, (chargeable to Sick Leave)
B Bereavement, will need to state relationship and location.
C Required Jury Duty/Court Appearance, (a copy of the subpoena or jury summons must be submitted in advance to the supervisor who attaches it to this Service Report.)
M Military Leave, (a copy of military orders must be submitted to the supervisor, who sends it to the Director, Human Resources. Advance approval of the Board of Trustees is required.)
A Authorized Board Absence, (prior approval of the Board of Trustees is required. Requests are made in advance to the supervisor/manager and/or Administrator.)
V Vacation, (prior approval of the responsible Administrator is also required for the annual vacation plan and for changes requested. Vacation may be taken in one-hour increments with supervisory approval. For unscheduled vacations or changes in scheduled vacations, please use the Request for Leave of Absence / Floating Holiday form.)
W Leave Without Pay, (prior approval of the responsible Administrator is required. Leave without pay in excess of 30 days must have Board of Trustees approval.)
U Unauthorized Leave Without Pay
R Release Time (Approved)
F Furlough Days [2012-2013 FY five (5) furlough days; 2013-2014 FY one (1) furlough day]
Note: Must be taken in 4 or 8 hour increments.
CTT Comp Time Taken prior approval of the responsible Administrator
PPT Premium (Pay) Leave Taken prior approval of the responsible Administrator

Weekend days off: Weekend days off should be left blank unless you work Saturday or Sunday as part of your regular assignment. In this case, leave the two days blank each week that you actually take off.

Adjustments in salary which are necessary as a result of this Time and Service Report will be made in the following month's paycheck.

IF YOU DO NOT WORK ON A FULL-YEAR ASSIGNMENT: When you return to work in the Fall, write "Begin Year" opposite the correct date. On the last day of your assignment in the Spring, write "End Year" opposite the correct date. This will prevent any errors in your either being underpaid or overpaid.