



**Absence Report
and
Intermittent Employee
Timesheet STD 634**

Chico State ID

Last Name

First Name

Middle Initial

Department Name

Pay Period
 (mm) (yy)

**Absence
Categories**

Employee Status
 NON-EXEMPT - Sick leave and vacation may be taken in hundredths of an hour increments. Eligible for overtime compensation.
 EXEMPT - Sick leave and vacation may be charged in one-day increments. Not eligible for overtime compensation.

INDICATE HOURS(S) - DO NOT USE SYMBOLS

30-31	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	1	TOTAL	CODES		
HOURLY INTERMITTENT EMPLOYEES (TIME WORKED)																																				
SICK LEAVE Self																																				S
SICK LEAVE Family																																				SF
SICK LEAVE Death <small>Relationship</small> <input type="text"/>																																				SD
BEREAVEMENT/FUNERAL LEAVE <small>Relationship</small> <input type="text"/>																																				FL
VACATION																																				VA
OVERTIME CREDITS																																				CT
PERSONAL HOLIDAY																																				PH
SHORT TERM MILITARY LEAVE (Attach copy of military orders)																																				ML
MATERNITY/PATERNITY/ADOPTION LEAVE																																				MP
UNPAID LEAVE GRANTED (DOCK)																																				L
AWOL - Unapproved Absence																																				A
OTHER ABSENCES (ADML, indicate other reasons)																																				
SUBPOENAED WITNESS FOR THE STATE																																				SW
Select One:	<input type="checkbox"/> I will submit my fees to the Cashier's Office <input type="checkbox"/> Change the time off to my vacation <input type="checkbox"/> Dock my pay for the time off																																			
JURY DUTY																																				JD
Select One:	<input type="checkbox"/> I will submit my fees to the Cashier's Office <input type="checkbox"/> Change the time off to my vacation <input type="checkbox"/> Dock my pay for the time off																																			

To the best of my knowledge and belief, the facts stated above are accurate and in full compliance with legal requirements.

Certified by Employee: _____

Signature _____ Date _____

Approved by Lead or Supervisor: _____

Signature _____ Date _____ Campus Zip _____

PAYROLL USE ONLY

Initials: _____ Date: _____