# Leave activity reporting form – screen i.d. hmsua

**COMPANY NUMBER**   **EMPLOYEE NUMBER**

**FIRST NAME**   **M.I.**   **LAST NAME**

| LEAVE TYPE* | HOURS | DATE FROM | DATE TO | COMPANY USE/ INITIALS & DATE |
|---|---|---|---|---|
| | . | | | |
| | . | | | |
| | . | | | |
| | . | | | |
| | . | | | |
| | . | | | |

TOTAL >      .      (ADD HOURS AND ENTER THE TOTAL)

| LEAVE TYPE* | HOURS | EARNED DATE | COMPANY USE/ INITIALS & DATE |
|---|---|---|---|
| | . | | |
| | . | | |
| | . | | |

TOTAL >      .      (ADD HOURS AND ENTER THE TOTAL)

**PART IV LEAVE TYPES**

BE = BONUS LEAVE EARNED
BT = BONUS LEAVE TAKEN
CS = SCH ASST/ VOL SERVICE LEAVE TAKEN
AT = ANNUAL LEAVE TAKEN
SP = SICK TAKEN PERSONAL
SF = SICK TAKEN FAMILY (NON-VSDP)
CT = COMPENSATORY LEAVE TAKEN
ET = EDUCATION LEAVE TAKEN
MT = MILITARY LEAVE TAKEN
JT = CIVIL/WORK-RELATED LEAVE
WT = WORKERS COMPENSATION
XX = LEAVE WITHOUT PAY
OT = OTHER LEAVE
CE = COMPENSATORY LEAVE EARNED
OE = OVERTIME LEAVE EARNED
OX = OVERTIME LEAVE TAKEN
DC = DISABILITY CREDIT TAKEN
FP = FAMILY PERSONAL TAKEN
SD = SHORT TERM DISABILITY LEAVE
RE = RECOGNITION LEAVE EARNED
RT = RECOGNITION LEAVE TAKEN
MO = ORGAN/BONE MARROW LEAVE TAKEN
PL = PRELAYOFF LEAVE TAKEN
MB = MILITARY LEAVE BANK TAKEN

EMPLOYEE SIGNATURE (FULL NAME)          DATE

SUPERVISOR'S SIGNATURE          DATE          DEPARTMENT/SECTION

L - 1
7/1/06

KEYED BY          DATE

BY SIGNING ABOVE WE CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE