



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

Chico State ID	Last Name	First Name	Middle Initial
Department Name		Pay Period	(mm) (yy)

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	C O D E S
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- HOURLY INTERMITTENT EMPLOYEES (TIME WORKED)
- SICK LEAVE Self
- SICK LEAVE Family
- SICK LEAVE Death Relationship
- BEREAVEMENT/ FUNERAL LEAVE Relationship
- VACATION
- OVERTIME CREDITS
- PERSONAL HOLIDAY
- SHORT TERM MILITARY LEAVE (Attach copy of military orders)
- MATERNITY/PATERNITY/ ADOPTION LEAVE
- UNPAID LEAVE GRANTED (DOCK)
- AWOL - Unapproved Absence
- OTHER ABSENCES (ADML, indicate other reasons)
- SUBPOENAED WITNESS FOR THE STATE
- JURY DUTY

	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					
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																																							SW
																																							JD

Select One:  I will submit my fees to the Cashier's Office  Change the time off to my vacation  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:	Approved by Lead or Supervisor:	<b>PAYROLL USE ONLY</b>
Signature _____	Signature _____	Initials: _____
Date _____	Date _____	Date: _____