

# Classified Employee Leave Activity Reporting Form



University of Mary Washington  
1301 College Ave  
Fredericksburg, VA 22401  
Phone: 540-654-1229/1336  
www.umw.edu

## Instructions

This completed form should be submitted to Payroll within one week of the leave being used or earned. Non-exempt employees must attach a photocopy of their Weekly Time Card with the Leave Activity Form when earning compensatory time.

Return to the Payroll Office, Eagle Village Suite 480. Please contact the Payroll Office if you have any questions by calling (540) 654-1229/1336.

## Employee Information

Company #: 215

Employee #:

First Name:

Middle I.:

Last Name:

## Leave Information

To access your leave availability please log into Payline at <https://payline.doa.virginia.gov/>.

Calculate Hours in 6 Minute Increments	
6 minutes = .1	36 minutes = .6
12 minutes = .2	42 minutes = .7
18 minutes = .3	48 minutes = .8
24 minutes = .4	54 minutes = .9
30 minutes = .5	

Leave Taken	Hours	Start Date	End Date	Company Use
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>			<input type="text"/>

\*Sick Family (SF) may be utilized by Traditional Plan Employees only.

\*\*Community Service (CS) and Administrative (JT) leave must be accompanied by supporting documentation.

Types of Leave Taken	
AT=Annual	OT=Other
BT=Bonus	OX=Overtime
**CS=Community Service	RT=Recognition
CT=Compensatory	SD=Short Term Disability
DC= Disability Credit	*SF=Sick Family
ET=Educational	SP=Sick Personal
FP=Family/Personal	WT=Worker's Compensation
**JT=Administrative	XX=Leave without Pay
MT=Military	

Leave Earned	Hours	Date Earned	Company Use
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>		<input type="text"/>

\*Overtime (OE) and Compensatory (CE) hours earned/worked must be in accordance with the [UMW Overtime Pay and Compensatory Leave Policy](#).

## Certification

Employee's  
Signature :

Date :

Supervisor's  
Signature :

Date :

Keyed By :

Date :

\*By signing above we certify that the information on this form is accurate and complete.