

STATE OF CALIFORNIA - DEPARTMENT OF HUMAN RESOURCES

ABSENCE AND ADDITIONAL TIME WORKED REPORT

STD. 634 (REV. 2/2014)

		TIME BASE		WWG		CB/ID			
		PAY PERIOD							
1. MONTH		YEAR		SEMIMONTHLY STATUS ONLY		ALTERNATE WORKWEEK SCHEDULE			
				<div><div>First Half</div><div>Second Half</div></div>		<div><div>4/10/40</div><div>9/8/80</div></div>			

2. NAME (First) (Middle) (Last)

3. EMPLOYEE ID

4. POSITION NUMBER

5. ABSENCE WITH PAY

(SL) ☐ SICK LEAVE SELF

(SL) ☐ SICK LEAVE FAMILY ILLNESS

(FH) ☐ FURLOUGH HOURS

(LV) ☐ PLP 2012

(LP) ☐ PLP 2010

(LD) ☐ PERSONAL LEAVE 2003

(PL) ☐ PERSONAL LEAVE

(AL) ☐ ANNUAL LEAVE

(VA) ☐ VACATION

(BL) ☐ BEREAVEMENT LEAVE

(CT) ☐ USING OVERTIME CREDITS (CTO)

(HC) ☐ USING HOLIDAY CREDITS

(EX) ☐ USING EXCESS HOURS CREDIT

(PH) ☐ USING PERSONAL HOLIDAY

(EL) ☐ PAID EDUCATIONAL LEAVE

(PT) ☐ PROFESSIONAL DEVELOPMENT DAY

(HI) ☐ HOLIDAY INFORMAL TIME OFF

(PV) ☐ VOLUNTARY PERSONAL LEAVE

(PA) ☐ PARR

(C) ☐ CATASTROPHIC LEAVE DONATIONS RECEIVED AND USED

(ML) ☐ SHORT-TERM MILITARY LEAVE (Calendar Days)

(NDI) ☐ NONINDUSTRIAL INJURY

INDUSTRIAL ILLNESS OR INJURY

(TD) ☐ TEMPORARY DISABILITY

(IDL) ☐ INDUSTRIAL DISABILITY LEAVE

(IDL/S) ☐ INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION

OTHER

(JD) ☐ JURY DUTY

☐ ATTENDANCE FEE TO BE REMITTED (Make copy for Accounting)

☐ NO ATTENDANCE FEES RECEIVED

COURT

CITY

(SW) ☐ WITNESS (Make copy for Accounting)

☐ CIVIL CASE☐ FEES TO BE REMITTED

☐ CRIMINAL CASE☐ NO FEES RECEIVED

IN THE INTEREST OF/ON BEHALF OF THE STATE:

☐ YES☐ NO

☐ SUBPOENAED☐ EXPERT

6. ABSENCE WITHOUT PAY

(DK) ☐ INFORMAL LEAVE GRANTED (11 Working days or less)

(DK) ☐ INFORMAL LEAVE GRANTED (15 Working days or less) (CSUS)

(DK) ☐ ABSENCE WITHOUT LEAVE (AWOL) (19996.2 or 19572)

☐ ABSENCE WHILE SERVING A PROBATIONARY PERIOD

(FM) ☐ FMLA

☐ CFRA

☐ FMLA MILITARY CAREGIVER LEAVE

☐ PDL

PAY PERIOD IS

☐ QUALIFYING

☐ NON QUALIFYING

7. DATES OF ABSENCES AND EXTRA TIME WORKED

(Enter symbol and number of hours in date blocks. See reverse for legends and symbols not noted above. If the absence is for a compensable injury waiting period, add X to other symbol.)

	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	TOTAL
7A. HRLY INT/PY HRS TO BE PAID																																
7B. SICK																																
7C. BEREAVEMENT																																
7D. VACATION																																
7E. A/L																																
7F. CT, HC, EX, FM, PH, EL, ML, JD, SW, MN, PL, LV, LP, FH, PV, HI, PT, PA																																
7G. DK																																
7H. STRAIGHT TIME, P, HC, CT, EX																																
7I. PREMIUM TIME CT, P																																

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED

9. CERTIFICATE BY EMPLOYEE

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

EMPLOYEE SIGNATURE

DATE

10. RECOMMENDATION AND SUBSTANTIATION OF SUPERVISOR

☐ APPROVAL RECOMMENDED

☐ APPROVAL NOT RECOMMENDED

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

SIGNATURE OF SUPERVISOR

DATE

11. PERIOD ON DISABILITY COMPENSATION

FROM TO

12. DISABILITY COMPENSATION SUPPLEMENT

HOURS

SICK LEAVE

VACATION

CTO

HOLIDAY CREDIT

13. OFFICIAL DEPARTMENTAL ACTION

☐ APPROVED

☐ DISAPPROVED

REVIEWED BY

DIR v.102816