



Employee Name

EID Number

Department

Division

Pay Period Begin Date (Monday)

End Date (Sunday)

Week 1								
Attendance/ Absence Type	M	T	W	TH	F	S	S	Total

Week 2								
Attendance/ Absence Type	M	T	W	TH	F	S	S	Total

ATTENDANCE TYPES

BU Business Trip
R Regular Hours Worked
SM Seminar
TD Travel Day
TRAN Training
WOF Work Off Site

ABSENCE TYPES

B Bereavement leave
CA WCMC Court Appearance
EC Emergency Closure
J Jury Duty
ML Military Leave
MR Military Reserve
P Scheduled Personal day
S Scheduled Sick Leave
SF Sick Leave Family Illness
SPL* Special Paid Absence
U Unpaid Absence
UP Unscheduled Personal Day
US Unscheduled Sick Day
UV Unscheduled Vacation
V Scheduled Vacation
WC Workers Compensation
WCH Workers Comp 2/3rd
WCP Workers Comp Personal
WCV Workers Comp Vacation
WCS Workers Comp Sick

*** Must be approved by
WHS (Workforce Health &
Safety)**

INTERMITTENT LEAVE

FMLD FMLA STD
FMLH FMLA 50% + Quota Supp
FMLP FLMA Personal Time
FMLS FMLA Sick
FMLU FMLA Unpaid
FMLV FMLA Vacation

STD Short Term Disability
STDH STD 50% + Quota Supp
STDP STD Personal
STDV STD Vacation

PFL NYSPFL (Benefit Hours)
PFLP NYSPFL Personal
PFLS NYSPFL Sick
PFLU NYSPFL Unpaid
PFLV NYSPFL Vacation

Employee Signature

Date

The information on this form is true and complete to the best of my knowledge.