



Employee Name

EID Number

Department

Division

Pay Period Begin Date (Monday)

Week 1							
Arrival Time	M	T	W	TH	F	S	S
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Attendance / Absence Type							Total
R							

Week 2							
Arrival Time	M	T	W	TH	F	S	S
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Attendance / Absence Type							Total
R							

ATTENDANCE TYPES

BU	Business Trip
OC	On Call
R	Regular Hours Worked
ROC	Regular On Call
RS	Shift Hours Worked
SM	Seminar
TD	Travel Day
TRAN	Training

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.

Accepted by Supervisor _____