

**Ohlone Community College District
Monthly Report of Hours Worked/Absent**

Dept. _____

SS# or Datatel ID# _____

Employee Name _____

Month _____

Year _____

READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM

Date	Total Hours Worked	O/T Earned	C/T	Hours Absent	Abs. Code
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Examples

A	8				
B	5			3	S
C	10	2			
D				8	V

****Examples assume a weekly work schedule of five 8-hour days.**
A . Employee works eight hours and takes no leave
B. Employee works five hours and uses three hours of sick leave
C. Employee works eight hours and an additional two hours of OT/CT
D. Employee works no hours and uses eight hours of vacation.

****ABSENCE CODE: Indicate in column marked "Absence Code" the correct letter**

- V** Vacation (advance Supervisor approval is required)
- H** Holiday **O** Other
- CT** Compensatory Time
(Requires advance Supervisor approval)
- S** Sick Leave (Illness or Injury) **K** Kin Care/Sick Leave
- WC** Industrial Illness/Injury
- B** Bereavement Leave

Relationship of Deceased **City/State**

- C** Court Appearance/Jury Duty (see reverse)
- W** Leave Without Pay (Advance Supervisor approval required)

Explain need or reason

- M** Military Leave (attach copy of Official Orders)

E	Personal Necessity Leave (Max. 7 days/year chgd. to Sick Leave)
P	Personal Business Leave (Maximum 16 hours per fiscal year)

22 _____
Brief description of need or emergency

Check appropriate box:
 Non-Paid Status (Leave W/O Pay) Deduct from Vacation Deduct from Sick Leave

COMMENTS: _____

I certify this to be a true and accurate record of hours worked/absent during this reporting period.

 Employee Signature

 Date

 Supervisor Signature

 Date

Rev. 9/20/04

This form is to be filled out by the Employee and submitted to the Supervisor for review on the last working day of the month. The Supervisor will forward to Human Resources. A copy of the signed report should be given to the employee.

INSTRUCTIONS - PLEASE READ BEFORE COMPLETING THIS REPORT

1. This **Monthly Report of Hours Worked/Absent Form** is to be completed by every Management and Classified employee who is in a regular salaried pay status. It is not to be used by Full-Time Faculty or for the following:
 - a. Other Hourly Employees (those who are not on a regular salary) will use the Student Help and Classified Overtime Payroll Statement (Monthly Time Sheet) to report their regular hours of work.

THE MONTHLY REPORT OF HOURS WORKED/ABSENT FORM must be signed and submitted to your Supervisor on the **LAST WORKING DAY OF THE MONTH** with the signed **Authorization for Compensatory Time/Overtime Report**, if Compensatory Time or Overtime was worked.

Each supervisor will collect the signed Monthly Report of Hours Worked/Absent Forms under his/her supervision, review them for accuracy and completeness, certify this review by signing each sheet, and submitting all reports immediately to the Human Resources office with Comp Time/Overtime Reports for employees who worked comp time/overtime during the month.

2. In completing the reverse side, **list the actual hours worked** in the first column opposite the monthly date of each **working** day. The number of hours of Overtime, if any, goes in the second column and the number of hours of compensatory time worked, if any, goes in the third column. Also, for each absence on a daily basis, put the number of hours absent and the correct **Absence Code** which describes the reason for the absence.

ABSENCE CODES

- V - Vacation (prior approval of the responsible Supervisor is required for the annual vacation and for changes requested.)
 - H - Holiday
 - CT - Compensatory Time-Off (prior approval required from supervisor. Supervisor responsible for control of time earned and used in accordance with present Federal and State laws and College policies)
 - S - Sick Leave (Illness/Injury)
 - WC - Industrial Illness/Injury Leave (Workers' Compensation)
 - B - Bereavement Leave (list relationship of deceased, City and State).
 - C - Court Appearance or Jury Duty (a copy of the subpoena or jury summons must be submitted in advance to your Supervisor who attaches it to this report. Documentation showing days and hours served, available from the court, must also be attached.) **PER DIEM CHECKS FOR JURY DUTY SHOULD BE SENT TO PAYROLL. Reimbursements for mileage, etc. should be kept by the employee.**
 - W - Leave Without Pay (prior approval of the responsible Supervisor and Human Resources Officer is required).
 - E - Personal Necessity Leave (chargeable to Sick Leave, prior approval required where possible, see unit contract.) Includes accidents involving personal property, family members or other circumstances beyond employee's control which cannot be handled in the normal course of events.
 - P - Personal Business Leave (prior approval required from Supervisor where possible. Maximum 16 hours per fiscal year, see unit contract.) Includes medical and dental appointments, car repairs, etc.
 - O - Other (Please Explain).
3. **Weekend days off**: Weekend days off should be left blank unless you work Saturday or Sunday as part of your regular assignment. In this case, leave blank the two days each week which you actually take off.
 4. **Adjustments in salary** which are necessary as a result of this Employee Absence Report Form will be made in the following month's paycheck.
 5. **IF YOU DO NOT WORK ON A FULL-YEAR ASSIGNMENT**: When you return to work in the Autumn, write "Begin Year" opposite the correct date. On the last day of your assignment in the Spring, write "End Year" opposite the correct date. This will prevent any errors in either under or