

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

**INSTRUCTIONS and EXAMPLES – PLEASE READ BEFORE COMPLETING THESE FORMS**

Date	Total Hours Worked	O/T Earned	C/T	RM Worked	Hours Absent	Abs. Code
A	8					
B	5				3	S
C	10	2				
D					8	V

<b>**Examples assume a weekly work schedule of five 8-hour days.</b>						
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.						

- 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:
  - Other Hourly Employees (those who are not on a regular salary) will use the Hourly Employee Monthly Timesheet and Classified Staff Authorization For Compensatory Time/Overtime Work form 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 Form**, 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 Payroll office with Comp Time/Overtime Reports for employees who worked comp time/overtime during the month.
- 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.
- Adjustments in salary** which are necessary as a result of this Employee Absence Report Form will be made in the following month's paycheck.
- IF YOU DO NOT WORK ON A FULL-YEAR ASSIGNMENT:** When you return to work in the Fall, 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 overpaying you.
- In completing the Absence Report, **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**

- B** Bereavement Leave (list relationship of deceased, Miles Traveled or State). **Supplemental Form Required**
- 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. Supplemental Form Required**
- 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 **Classified Staff Authorization For Compensatory Time/Overtime Work Form 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. Maximum of 7 days per year. **Supplemental Form Required**
- ESL** Extended Sick Leave (HR Approval Required) **Requires a personal appointment with HR Benefits**
- FM** Family Medical Leave Act (FMLA) - (HR Approval Required) **Requires a personal appointment with HR Benefits**
- F** Furlough (prior approval required from Supervisor)
- H** Holiday
- K** Kin Care/Sick Leave (May use up to half accumulated sick leave)
- M** Military Leave **Requires a personal appointment with HR Benefits**
- O** Other (Please use Comments to Explain).
- 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.; will be charged to sick leave or vacation. **Supplemental Form Required**
- RU** Release Time - Union Paid (requires District approval and Letter of Request from Representing Union/Association)
- S** Sick Leave (Illness/Injury) **Any Additional paperwork requested should be submitted directly to HR Benefits**
- V** Vacation (prior approval of the responsible Supervisor is required for the annual vacation and for changes requested.)
- W** Leave Without Pay (prior approval of the responsible Supervisor and Human Resources Officer is required) **Supplemental Form Required**
- WC** Workers' Compensation (Industrial Illness/Injury) **Requires a personal appointment with HR Benefits**