

**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEES MONTHLY TIME AND SERVICE REPORT**

EMPLOYEE NAME _____ SS# _____ Mo/Yr _____ to Mo/Yr _____

READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM

List any hours of absence for each working day:

DATE	HOURS ABSENT	ABSENCE CODE	DATE	HOURS ABSENT	ABSENCE CODE
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31					

ABSENCE CODE:

Indicate in column marked "Absence Code" the correct letter.

- S Illness or injury
- SC On-the-job injury
- E Personal Necessity Leave**
- B Bereavement Leave**
- C Required Jury Duty/Court Appearance**
- M Military Leave**
- A Authorized Board Absence #
- V Vacation
- H Holiday
- FH Floating Holiday**
- W Leave Without Pay**
- U Unauthorized Leave Without Pay
- R Release Time

Advance approval of manager is required
 ** Advance "Request For Leave of Absence" Form is required except in emergencies/bereavement

PLEASE CHECK SERVICE ASSIGNMENT

Chabot _____ Las Positas _____

DISTRICT: Hayward _____
 Livermore _____
 Pleasanton _____

MEDICAL STATEMENT: A unit member who claims sick leave for three (3) or more consecutive days or five (5) cumulative days within any thirty (30) calendar day period, or if the District has reason to believe that the unit member is not legitimately entitled to claim sick leave may be required to present a written, signed statement on a District-approved form from a medical doctor, or from the unit member's religious advisor where such is deemed in conformance with religious tenets, verifying the nature of the illness, injury or quarantine, inclusive dates when the employee is unable to work because of medical condition and the date the employee can return to work. A similar statement may be required by the District in any cases where an absence claimed to be due to illness or injury must be verified. Employees returning to work after serious illness may be required to provide medical evidence of recovery sufficient to assume regular duties.

I certify this to be a true and accurate record of hours worked.

Employee signature _____ Date _____

Manager/Supervisor signature _____ Date _____

Comments: _____

INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THIS REPORT

1. This Time and Service Report is to be completed by every classified employee who is in a regular salaried pay status. It is not to be used for the following:
 - a. OVERTIME - Report overtime hours on the special half sheet form, Employee-Time Ticket. Overtime pay is provided in accordance with present federal and state law. Any overtime, which is claimed, must have prior approval of your supervisor.
 - b. HOURLY PAID employees (those who are not on a salary) will use the above Employee-Time Ticket to report their regular hours of work.

All payroll forms must be signed and submitted to your supervisor at the end of the service or shift on the 15th OF THE MONTH.

Each supervisor will collect the signed payroll sheets for each employee under his/her supervision, review them for accuracy and completeness, certify this review by signing each sheet, and submit all reports immediately to the Payroll Office.

2. In completing the reverse side, list the actual hours of absence in the correct column opposite the monthly date of each working day. Also, for each hour of absence, put the correct absence code that describes the reason for the absence.

ABSENCE CODES

- S Illness or Injury, including medical or dental visitations
- SC On-the job injury, (Worker's Compensation)
- E Personal Necessity, (chargeable to Sick Leave)
- B Bereavement, (state _____ relationship) _____
Location _____
- C Required Jury Duty/Court Appearance, (a copy of the subpoena or jury summons must be submitted in advance to the supervisor who attaches it to this Service Report.)
- M Military Leave, (a copy of military orders must be submitted to the supervisor, who sends it to the Director, Human Resources. Advance approval of the Board of Trustees is required.)
- A Authorized Board Absence, (prior approval of the Board of Trustees is required. Requests are made in advance to the supervisor/manager.)
- V Vacation, (prior approval of the responsible Dean or Vice Chancellor is also required for the annual vacation plan and for changes requested. Vacation may be taken in one-hour increments with supervisory approval. For unscheduled vacations or changes in scheduled vacations, please use the Request for Leave of Absence or Floating Holiday form.)
- W Leave Without Pay, (prior approval of the responsible Dean or Vice Chancellor is required. Leave without pay in excess of 30 days must have Board of Trustees approval.)
- U Unauthorized Leave Without Pay
- R Release Time (Approved)

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 the two days blank each week that you actually take off.
4. Adjustments in salary which are necessary as a result of this Time and Service Report 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 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 your either being underpaid or overpaid.