



<b>Absence Report and Intermittent Employees Timesheet STD 634</b>	Chico State ID	Last Name	First Name	Middle Initial
	Department Name			Pay Period

<b>Absence Categories</b>	Employee Status	<input type="checkbox"/> <b>NON-EXEMPT</b> - Sick leave and vacation may be taken in hundredths of an hour increments. Eligible for overtime compensation.
		<input type="checkbox"/> <b>EXEMPT</b> - Sick leave and vacation may be charged in one-day increments. Not eligible for overtime compensation.
INDICATE HOUR(S) - DO NOT USE SYMBOLS		

	30-31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	Total		
HOURLY INTERMITTENT EMPLOYEES (TIME WORKED)																																				
SICK LEAVE Self																																				S
SICK LEAVE Family																																				SF
SICK LEAVE Relationship Death																																				SD
BEREAVEMENT/ Relationship FUNERAL LEAVE																																				FL
VACATION																																				VA
OVERTIME CREDITS																																				CT
PERSONAL HOLIDAY																																				PH
SHORT TERM MILITARY LEAVE (Attach copy of military orders)																																				ML
MATERNITY/PATERNITY/ ADOPTION LEAVE																																				MP
UNPAID LEAVE GRANTED (DOCK)																																				L
AWOL - Unapproved Absence																																				A
OTHER ABSENCES - enter hours (ADML, Paid Amin Leave - PAL)																																				PAL
SUBPOENAED WITNESS FOR THE STATE																																				SW

Select One:	<input type="checkbox"/> I will submit my fees to the Cashier's Office <input type="checkbox"/> Change the time off to my vacation <input type="checkbox"/> Dock my pay for the time off																																				
JURY DUTY																																					JD
Select One:	<input type="checkbox"/> I will submit my fees to the Cashier's Office <input type="checkbox"/> Change the time off to my vacation <input type="checkbox"/> Dock my pay for the time off																																				

To the best of my knowledge and belief, the facts stated above are accurate and in full compliance with legal requirements.			<b>PAYROLL USE ONLY</b>		
Certified by Employee:		Approved by Lead or Supervisor:			
Signature	Date	Signature	Date	Campus Zip	Initials: Date: