

ABSENCE AND ADDITIONAL TIME WORKED REPORT

STD. 634 (REV. 8/2002)

PAY PERIOD		TIME BASE	WWG	CB/ID
1. MONTH	YEAR	SEMIMONTHLY STATUS ONLY		
		<input type="checkbox"/> FIRST HALF	<input type="checkbox"/> SECOND HALF	ALTERNATE WORKWEEK SCHEDULE
				<input type="checkbox"/> 4/10/40 <input type="checkbox"/> 9/8/80

2. NAME (First Middle Last) _____ 3. SOCIAL SECURITY NUMBER _____ 4. POSITION NUMBER _____

5. ABSENCE WITH PAY

(S) <input type="checkbox"/> SICK LEAVE SELF	(B) <input type="checkbox"/> BEREAVEMENT LEAVE	(C) <input type="checkbox"/> CATASTROPHIC LEAVE DONATIONS RECEIVED AND USED	(J) <input type="checkbox"/> JURY DUTY
(SF) <input type="checkbox"/> SICK LEAVE FAMILY ILLNESS	(TO) <input type="checkbox"/> USING OVERTIME CREDITS	(M) <input type="checkbox"/> SHORT-TERM MILITARY LEAVE (Calendar Days) (Attach Military Duty Orders)	<input type="checkbox"/> ATTENDANCE FEES TO BE REMITTED (Make copy for Accounting)
(SD) <input type="checkbox"/> SICK LEAVE DEATH IN FAMILY (RELATIONSHIP)	(TH) <input type="checkbox"/> USING HOLIDAY CREDITS	(NDI) <input type="checkbox"/> NONINDUSTRIAL INJURY	<input type="checkbox"/> NO ATTENDANCE FEES RECEIVED
	(TE) <input type="checkbox"/> USING EXCESS HOURS CREDIT	INDUSTRIAL ILLNESS OR INJURY (Report of Industrial Injury must be submitted)	COURT _____ CITY _____
(PL) <input type="checkbox"/> PERSONAL LEAVE	(PH) <input type="checkbox"/> USING PERSONAL HOLIDAY	(TD) <input type="checkbox"/> TEMPORARY DISABILITY	(SW) <input type="checkbox"/> WITNESS (Make copy for Accounting)
(A/L) <input type="checkbox"/> ANNUAL LEAVE	(E) <input type="checkbox"/> PAID EDUCATIONAL LEAVE	(IDL) <input type="checkbox"/> INDUSTRIAL DISABILITY LEAVE	<input type="checkbox"/> CIVIL CASE <input type="checkbox"/> CRIMINAL CASE
(V) <input type="checkbox"/> VACATION		(IDL/S) <input type="checkbox"/> INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION	<input type="checkbox"/> FEES TO BE REMITTED <input type="checkbox"/> NO FEES RECEIVED
		OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO IN THE INTEREST OF/ON BEHALF OF THE STATE
			<input type="checkbox"/> SUBPOENAED <input type="checkbox"/> EXPERT

6. ABSENCE WITHOUT PAY

(L) <input type="checkbox"/> INFORMAL LEAVE GRANTED (11 Working days or less)	(A) <input type="checkbox"/> ABSENCE WITHOUT LEAVE (AWOL) (19996.2 OR 19572)	<input type="checkbox"/> ABSENCE WHILE SERVING A PROBATIONARY PERIOD	PAY PERIOD IS <input type="checkbox"/> QUALIFYING
(L) <input type="checkbox"/> INFORMAL LEAVE GRANTED (15 Working days or less) (CSUC)	<input type="checkbox"/> TEMPORARY LEAVE (30 Calendar days or less)	<input type="checkbox"/> FMLA/CFRA/PDL	<input type="checkbox"/> NONQUALIFYING

7. DATES OF ABSENCES AND EXTRA TIME WORKED (Enter symbol and number of hours in date blocks. See reverse for legends and symbols not noted above. If the absence is for a compensable injury waiting period, add X to other symbol.)

REPORTING	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	TOTAL
7a. HR/INT/PT/hrs TO BE PAID																																
7b. SICK																																
7c. BEREAVEMENT																																
7d. VACATION																																
7e. A/L																																
7f. TO, TH, TE, FM, PH, SH, E, M, SW, J, PL, ML																																
7g. L, A																																
7h. STRAIGHT TIME, WO, P, HC, WE																																
7i. PREMIUM TIME, WO, P																																

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED MEDICAL APPOINTMENT DENTAL APPOINTMENT ILLNESS SELF ILLNESS FAMILY MEMBER

9. CERTIFICATE BY EMPLOYEE *To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.* EMPLOYEE SIGNATURE _____ DATE _____

10. RECOMMENDATION AND SUBSTANTIATION OF SUPERVISOR

APPROVAL RECOMMENDED APPROVAL NOT RECOMMENDED

SUBSTANTIATION SHALL BE REQUIRED FOR SICK LEAVE OF MORE THAN TWO CONSECUTIVE WORK DAYS. SHOW METHOD OF VERIFICATION BELOW.

SIGNATURE OF SUPERVISOR _____ DATE _____

11. STATEMENT BY PHYSICIAN (Not to be completed by attending physician for industrial illness or injury.)

DOCTOR STATEMENT ATTACHED

AS PHYSICIAN, I EXAMINED AND TREATED OR PRESCRIBED FOR THIS PATIENT ON THESE DATES _____

DATE OF RETURN TO WORK _____ IF STILL DISABLED, GIVE ESTIMATED DATE OF RETURN TO WORK _____

THE ILLNESS OR INJURY CAUSING THE DISABILITY WAS _____

SIGNATURE OF ATTENDING PHYSICIAN _____ DATE _____

12. PERIOD ON DISABILITY COMPENSATION FROM _____ TO _____	13. DISABILITY COMPENSATION SUPPLEMENT	14. OFFICIAL DEPARTMENTAL ACTION	REVIEWED BY
	HOURS SICK LEAVE _____ VACATION _____ CTO _____ HOLIDAY CREDIT _____	<input type="checkbox"/> APPROVED _____ <input type="checkbox"/> DISAPPROVED _____	

**ABSENCE AND ADDITIONAL
TIME WORKED REPORT**

STD. 634 (REV. 8/2002) (REVERSE)

INSTRUCTIONS**WWG 4C EMPLOYEES MUST CONTACT THEIR PERSONNEL OFFICES FOR INSTRUCTIONS****GENERAL INFORMATION**

- All absences or additional hours worked by full-time or part-time employees should be reported on one form STD. 634 for each pay period. Report all time worked for permanent intermittent and part-time employees.
- Prepare the number of copies required by your department. Employees who want a copy for their own records, including supervisor's signature, may prepare an extra copy.

INSTRUCTIONS FOR FILLING OUT FORM STD. 634 BY ITEM NUMBER (see reverse side)

- Enter pay period, month, and year, and complete other boxes as required by your department.
- Complete name, social security number, and position number.
- Absences With Pay**—Check appropriate box, indicating type(s) of absence(s).
- Absences Without Pay (Dock)**—Complete all boxes, indicating type of unpaid absence and if the current pay period is qualified or nonqualified. Last box can be checked if employee is serving a probationary period to determine if employee will complete required number of working days.

Qualifying Pay Period—Eleven (11) or more paid days in a monthly pay period.

Nonqualifying Pay Period—Less than eleven (11) paid days in a monthly pay period.

Note: If the employee is absent without pay for more than eleven (11) consecutive working days, which fall between two (2) consecutive otherwise qualifying pay periods, one (1) pay period shall be disqualifying.

- Dates of Absences and Extra Hours Worked

- Enter time to be paid for each day, including paid absence hours for intermittent or part-time employees.

Note: Enter all hours to be paid in the total column.

- Sick and Sick Family**—Provisions on the usage of sick and family sick leave are outlined by the memorandum of understanding between your exclusive representatives and the State of California.

Indicate sick leave hours with a symbol "S" or "SF" on date of absence. If more than two (2) hours are needed for a doctor's appointment, the reason should be stated in Item 8. Enter the symbol and the number of hours under the number(s) corresponding to the duties being reported.

- Bereavement Leave**—Provisions for bereavement leave are outlined by the memorandum of understanding between your exclusive representative and the State of California.

Sick Death—Employees in bargaining units which did not negotiate bereavement leave provisions may use up to five (5) days of their sick leave balance for each family member.

- Vacation**—may be used in 30 minute or one (1) hour increments as outlined by the memorandum of understanding between your exclusive representative and the State of California and is shown on the appropriate date with the symbol "V".

An absence can be charged against vacation credits only when approved by the appointing power. The time at which vacation shall be taken may be specified to suit the convenience of the department. Vacation cannot be taken as an absolute right unless the appointing power does not provide a vacation for the employee for two successive years.

- Annual Leave**—The "A/L" symbol shall be used to indicate when annual leave credits have been used.

- Post proper symbol and number of hours for type of absence being reported.

ML—Mentoring Leave—eligible employees may receive up to 40 hours mentoring leave per calendar year once they have used an equal amount of their leave or personal time for this activity.

FM—Family and Medical Leave Act—under certain conditions, entitles employees up to 12 weeks of unpaid leave per year.

Paid Educational Leave—Following completion of twelve (12) qualifying pay periods of continuous service, a full-time employee in State civil service employed in a position requiring teaching certification qualification shall be allowed fifteen (15) days credit or educational leave with pay. Thereafter, on the first (1st) of the pay period following each additional qualifying pay period of service, he/she shall be allowed one and one-fourth (1-1/4) days credit for educational leave with pay. The employee may earn or use educational leave credit only while in a position requiring teacher certification qualifications. The granting of paid educational leave is at the discretion of the appointing power.

Military Leave—Attach a copy of any applicable military order. Every calendar day must be recorded, including any Saturday, Sunday, or holiday.

Jury Duty or Witness—An employee may be absent with pay for time actually served to perform jury duty, for time as a subpoenaed witness (other than a party to the suit), and for time as an expert witness testifying on behalf of the State. It is up to the employee to demand of the party requesting their appearance a subpoena and all allowable attendance and travel fees. The following absences are not compensable and the employee must charge leave or absence without pay: 1) subpoenaed witnesses who are a party to the suit, 2) subpoenaed witnesses not testifying on behalf of the State, and 3) expert witnesses not testifying on behalf of the State, and 4) jurors who elect to retain the attendance fees. Subpoenaed witness fees for a civil trial are governed by Government Code (GC) Sections 68093-68097.10, fees for a criminal trial are governed by Penal Code Section 1329-29.1, and expert fees are governed by GC Section 68092.5. See SAM Sections 8594-94.3.

- Post proper symbol and number of hours for type of absence reporting.

Approved absence without pay—Approved dock

Absence without pay—AWOL

An Unapproved Absence Without Pay—Can be any amount of time. If the absence exceeds five (5) *consecutive* working days, this constitutes an automatic resignation from State service pursuant to Government Code 19996.2 (without fault) or an adverse action can be taken under Government Code 19572 (with fault).

- Enter symbols and hours to be compensated at *straight* time as indicated below:

WO – Overtime worked for CTO

P – Overtime hours worked for pay

HC – Hours worked on a holiday

WE – Excess hours worked due to irregular work shift

- Enter symbols and hours to be compensated at *premium* time as indicated below (Personnel Office will convert to time and one-half (1-1/2)):

WO – Overtime hours worked for CTO

P – Overtime hours worked for pay

Note: Total column may be used for Items 7b through 7i.

- Reason for Absence or Extra Hours Worked**—Indicate reason (not a description of illness, condition or diagnosis) for sick leave absences, including relationship of family member when reporting family sick leave.

Note: This item also can be used for reporting reasons for overtime hours worked or for unpaid absences.

- Employee's Responsibility and Signature**—Employees have the responsibility to give their supervisor advance notification when they anticipate a future absence. When unanticipated emergency causes the absence, the employees are responsible for notifying supervisor as soon as possible and keeping their supervisor informed as to the possible date of return. Employees are also responsible for promptly reviewing and signing their absence report at the end of the pay period and submitting to supervisor.

- Recommendation of Supervisor's Responsibility**—Each supervisor is responsible for seeing that employees comply with the regulations governing absence from work. The supervisor is expected to recommend against approval of sick leave absences when satisfactory evidence as to need is not presented. Supervisor is then responsible for promptly reviewing and signing the employee's absence report and forwarding it to the Personnel Office.

Before recommending approval for sick leave by an INTERMITTENT EMPLOYEE, supervisor shall certify that the employee was scheduled to work during the hours reported for sick leave.

Note: Methods of verification can include telephone, physician statement, home or hospital visit.

- Statements by Physician**—If physician statement is attached, check first box and do not complete other information in this item.

If supervisor has requested the physician's verification on this form, second box is checked and the doctor completes each item and signs the form.

- Applicable information regarding absences due to industrial injury or illness should be recorded in this area.

- Completed by Personnel Office only.