

## MONTHLY LEAVE BALANCE STATEMENT

FOR CLASSIFIED, CONFIDENTIAL, MANAGEMENT, PROFESSIONAL EXPERTS, AND CHILD DEVELOPMENT CENTER TEACHERS

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Colleague ID Number Department

\_\_\_\_\_/\_\_\_\_\_  
Month Year

**GENERAL INSTRUCTIONS**

A Monthly Leave Balance Statement is to be completed at the end of each month and submitted to Payroll **no later than the third (3rd) working day of the following month**. The statement is to be completed by each employee regardless of whether any time was taken or not.

**EXPLANATION OF CODES**

Sick Leave-leave codes below are deducted from the sick leave balance

- S **Sick Leave**
- PN **Personal Necessity Leave** (CSEA: state applicable subsection under comments-choose 15.7.1, 15.7.2, 15.7.3 or 15.7.5)
- PB **Personal Business**
- PFC **Family Care Leave** (deducted from personal necessity, state reason under "comments")

- FSP **Family School Leave** – use personal necessity
- FSV **Family School Leave** – use vacation
- FSU **Family School Leave** – use comp time accrued

- A **Absence With Deduction** (requires pre-approval and pay will be docked)
- I **Industrial Illness or Accident** (must be reported to Risk Management)
- B **Bereavement Leave** (state relationship of deceased and location under "comments")
- J **Jury Duty** (attach verification slip for each day served)
- M **Military Leave**
- V **Vacation Leave** (requires pre-approval)
- F **Floating Holiday** (requires pre-notification)
- D **Differential** (Medical Leave – requires doctor's certification)
- E **Comp Time Worked** (requires pre-approval, express actual hours worked, not 1 ½ x; hours worked will be converted to 1 ½ x by Payroll)
- U **Comp Time Used**
- C **District Assignment** (conferences, etc.)
- L **Sick Leave – Deduct from other form of leave** (Human Resources use only)

Day	Code	Length of Absence	
		Hours	Minutes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

No absences or Comp Time to report

I certify that to the best of my knowledge, the above information is complete and accurate.

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date