Chaffey College

MONTHLY LEAVE BALANCE STATEMENT

FOR PROFESSIONAL EXPERTS

Last Name _____ First Name _____

Month _____ / Year _____

Colleague ID Number _____ Department _____

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

- S **Sick Leave**
- V **Vacation Leave** (requires pre-approval)
- A **Absence With Deduction** (requires pre-approval and pay will docked
- E **Comp Time Worked** (requires pre-approval, express actual hours worked, not 1½x; hours worked will be converted to 1½x by Payroll) *For Non Management positions use only*
- U **Comp Time Used** *For Non Management positions use only*

COMMENTS:

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			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

☐ No absences to report

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____