

ABSENCE AND ADDITIONAL TIME WORKED Reporting Form – Revised August 2009

Now Includes a Field to Report Furlough Days

The Human Resources department has issued a revised Absence and Additional Time Worked Report (STD 634) form for use by all employees, effective immediately. This form, used to report sick, vacation and comp time taken, Jury Duty, Positive-Pay hours, and other work-time related data each month, now includes a specific data field (7g) for 12-month employees to report furlough days.

All staff and administrators are reminded that an Absence Report must be submitted to Human Resources every month, whether or not time off work has occurred in addition to the furlough days.

Instructions

The form is available in PDF format allowing employees to enter information on-line, print for signature(s), and submit to Human Resources. With this form, employees may create a short-cut, save a copy of the PDF form on their computer desk-top or in a file folder. Below is a sample of the revised form with the new furlough field highlighted.

Adobe Acrobat (TM) Reader Version 4.0 or higher must be installed to open, view and/or print this revised Absence and Additional Time Worked Report (STD 634) form. Fortunately, most campus computers have Adobe Acrobat(TM) Reader, as it is an industry standard for reading PDF documents. Adobe Acrobat(TM) Reader is free software, available for download from many web sites. For more information on this free program and to download it, please click on the following link:

<http://www.dca.ca.gov/adobe/> or copy and paste the link into a web browser.

For computers in campus offices or workstations, employees may also contact the local IT support staff for their department for assistance.

The form may be accessed, completed and printed through the following links:

- **<http://www.sfsu.edu/~hrwww/> > HR Forms > Furlough > STD 634A Absence and Additional Time Worked Report OR copy and paste the link into a web browser <http://www.sfsu.edu/~hrwww/forms.html>**

Please contact the Payroll Technician or attendance clerk for your department/unit for further information regarding the revised form.

SAMPLE ABSENCE AND ADDITIONAL TIME WORKED Reporting Form – Revised August 2009 Including Furlough Days

Go to Line 6, "Absence Without Pay", and check the furlough box. Go to Line 7g and insert the letter "F" on the specific days on which you have been on furlough. A furlough day is reported as a day, just like the Personal Holiday; it is not taken or reported in hours. NOTE: "Warning: JavaScript Error" that says "The value entered does not match the format of the field [7G TOTAL]" will appear. Click "OK" and continue. Be sure to also report any vacation, sick leave or comp time you have taken during the pay period.

INDICATE F=FURLOUGH DAYS TAKEN IN ITEM 7G

ABSENCE AND ADDITIONAL TIME WORKED REPORT

STD. 634

3. NAME (First) **JANE** Middle Last **SMITH**

1. MONTH **SEPT** YEAR **109** FIRST HALF SECOND HALF

2. SFSU ID (NO SSN) **999999999**

4. DEPT ID (4-DIGIT) **9999** 4A. JOB CODE (4-DIGIT) **0420** 4B. SERIAL (3-DIGIT) **001**

5. TIME BASE **1.00** WGW **999999999** CBID

4C. ORSP PROJECT ID (ORSP ONLY)

5. ABSENCE WITH PAY

<input type="checkbox"/> (S) SICK LEAVE SELF	<input type="checkbox"/> (B) BEREAVEMENT LEAVE	<input type="checkbox"/> (C) CATASTROPHIC LEAVE DONATIONS RECEIVED AND USED
<input type="checkbox"/> (SF) SICK LEAVE FAMILY ILLNESS	<input type="checkbox"/> (TO) USING OVERTIME CREDITS	<input type="checkbox"/> (M) SHORT-TERM MILITARY LEAVE (Calendar Days) (Attach Military Duty Order)
<input type="checkbox"/> (SD) SICK LEAVE DEATH IN FAMILY (RELATIONSHIP)	<input type="checkbox"/> (TH) USING HOLIDAY CREDITS	<input type="checkbox"/> (IND) NON-INDUSTRIAL INJURY INDUSTRIAL ILLNESS OR INJURY (Report of Industrial Injury must be submitted)
<input type="checkbox"/> (PL) PERSONAL LEAVE	<input type="checkbox"/> (TE) USING EXCESS HOURS CREDIT	<input type="checkbox"/> (TD) TEMPORARY DISABILITY
<input type="checkbox"/> (AL) ANNUAL LEAVE	<input type="checkbox"/> (PH) USING PERSONAL HOLIDAY	<input type="checkbox"/> (IDU) INDUSTRIAL DISABILITY LEAVE
<input type="checkbox"/> (V) VACATION	<input type="checkbox"/> (SH) USING SATURDAY HOLIDAY	<input type="checkbox"/> (IDUS) INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION
	<input type="checkbox"/> (E) PAID EDUCATIONAL LEAVE	<input type="checkbox"/> OTHER

6. ABSENCE WITHOUT PAY

<input type="checkbox"/> (L) INFORMAL LEAVE GRANTED (11 Working days or less)	<input type="checkbox"/> (A) ABSENCE WITHOUT LEAVE (AWOL) (1996-2008)	<input type="checkbox"/> (P) ABSENCE WHILE ON PROBATION
<input type="checkbox"/> (L) INFORMAL LEAVE GRANTED (15 Working days or less) (CSUC)	<input type="checkbox"/> TEMPORARY LEAVE (20 Calendar days or less)	<input type="checkbox"/> (ML) MENTORING LEAVE
		<input type="checkbox"/> (FM) FAMILY AND MEDICAL LEAVE ACT (FMLA)

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. HRLY INTIFY HRS TO BE PAID																																	
7b. SICK																																	
7c. BEREAVEMENT																																	
7d. VACATION																																	
7e. ALL																																	
7f. NO. TH. TE. FM. PH. SH. E. M. SW. J. PL. M.																																	
7g. L, A, P																																	
7h. STRAIGHT TIME: WO, P, HC, WE																																	
7i. PREMIUM TIME: WO, P																																	

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED MEDICAL APPOINTMENT DENTAL APPOINTMENT

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

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.

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

HOURS	SICK LEAVE	VACATION	CTO	HOLIDAY CREDIT

14. OFFICIAL DEPARTMENTAL ACTION
 APPROVED _____
 DISAPPROVED _____

REVIEWED BY: _____