

ABSENCE AND ADDITIONAL TIME WORKED Reporting Form – Revised *February 2006*

The Human Resources department is issuing 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, comp time taken, Jury Duty, Positive-Pay hours and other work-time related data each month now includes specific data fields required to record absences/additional time in the Leave Accounting system and, to identify employees by the SFSU ID instead of the Social Security Number to comply with federal law. Please discontinue using any paper or older versions of the 634 Absence forms that you may have in stock. Additionally, 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.

Instructions

The form is available in PDF format enabling employees to enter information on-line and print for signature(s) and submission 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 file folder. Below, is a sample of the revised form with the new fields shaded. Data required to complete the form is available when employees log on to view their leave balances on the SFSU Leave Credits web page.

New field names and descriptions:

- Box 2: SFSU ID. Note that you *do not* enter your Social Security Number. Enter your nine-digit SFSU ID. This is your unique campus ID number that is located on your current SFSU picture ID card.
- Box 4: DEPT ID. Enter your four-digit department ID number. This number appears on your SFSU Leave Credits web page, as indicated in the example below. You may also obtain this number from the attendance clerk for your department/unit.
- Box 4A: JOB CODE. Enter your four-digit job code (job classification) number. This number appears on your SFSU Leave Credits web page, as indicated in the example below. You may also obtain this number from the attendance clerk for your department/unit.
- Box 4B: SERIAL. Enter your three-digit serial number. This number appears on your SFSU Leave Credits web page, as indicated in the example below. You may also obtain this number from the attendance clerk for your department/unit.
- Box 4C: PROJECT ID. This box is for use by the Office of Research and Sponsored Programs (ORSP) only.
- Box 10: This section now provides a space to print the approving supervisor's name.

Adobe Acrobat (TM) Reader Version 4.0 or higher must be installed to open, view and/or print the 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 > Payroll > **STD 634A** Absence and Additional Time Worked Report
- **http://www.sfsu.edu/~hrwww/forms/std_634.pdf** /or copy and paste the link into a web browser.
- Or through the link on the SFSU Employee Leave Credits web page

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

SFSU Employee Leave Credits web page example:

Appointment(s):

For Department ID, Job Code and Serial, look under the **Appointment(s)** header on the SFSU Employee Leave Credits web page as shown at right with arrows:

HUMAN RESOURCES

6115-1038-00003893 (HRMS)

255-568-1038-001 (SCO)

ABSENCE AND ADDITIONAL TIME WORKED REPORT

STD. 634

1. MONTH		YEAR		SEMI-MONTHLY	ALT. SCHEDULE	TIME BASE	WWG	CB/ID																									
				<input type="checkbox"/> FIRST HALF <input type="checkbox"/> SECOND HALF	4/10/40 9/8/80	2. SFSUID (NO SSN) 900000000																											
3. NAME (First Middle Last)		4. DEPT ID (4-DIGIT)		5A. JOB CODE (4-DIGIT)		4B. SERIAL (3-DIGIT)																											
		6115		1038		001																											
5. ABSENCE WITH PAY		4C. ORSP PROJECT ID (ORSP ONLY)																															
(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 (Make copy for Accounting)																													
(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)		(SW) <input type="checkbox"/> SUBPOENAED WITNESS																													
(SD) <input type="checkbox"/> SICK LEAVE DEATH IN FAMILY (RELATIONSHIP)	(TH) <input type="checkbox"/> USING HOLIDAY CREDITS	(NDI) <input type="checkbox"/> NONINDUSTRIAL INJURY INDUSTRIAL ILLNESS OR INJURY (Report of Industrial Injury must be submitted)		<input type="checkbox"/> PARTY <input type="checkbox"/> EXPERT																													
(PL) <input type="checkbox"/> PERSONAL LEAVE	(TE) <input type="checkbox"/> USING EXCESS HOURS CREDIT	(TD) <input type="checkbox"/> TEMPORARY DISABILITY		CITY: _____																													
(AL) <input type="checkbox"/> ANNUAL LEAVE	(PH) <input type="checkbox"/> USING PERSONAL HOLIDAY	(IDL) <input type="checkbox"/> INDUSTRIAL DISABILITY LEAVE		<input type="checkbox"/> NO FEES RECEIVED <input type="checkbox"/> FEES TO BE REMITTED TO STATE																													
(V) <input type="checkbox"/> VACATION	(SH) <input type="checkbox"/> USING SATURDAY HOLIDAY	(JDU5) <input type="checkbox"/> INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION		<input type="checkbox"/> FEES RETAINED																													
	(E) <input type="checkbox"/> PAID EDUCATIONAL LEAVE	OTHER _____		CHARGE ABSENCE TO: <input type="checkbox"/> VAC <input type="checkbox"/> CTO <input type="checkbox"/> ABSENCE WITHOUT PAY																													
6. ABSENCE WITHOUT PAY		PAY PERIOD:																															
(L) <input type="checkbox"/> INFORMAL LEAVE GRANTED (77 Working days or less)	(A) <input type="checkbox"/> ABSENCE WITHOUT LEAVE (AWOL) (15995,20R119572)	<input type="checkbox"/> ABSENCE WHILE ON PROBATION		(ML) <input type="checkbox"/> MENTORING LEAVE		<input type="checkbox"/> QUALIFYING																											
(L) <input type="checkbox"/> INFORMAL LEAVE GRANTED (25 Working days or less) (CSUC)	<input type="checkbox"/> TEMPORARY LEAVE (30 Calendar days or less)			(FM) <input type="checkbox"/> FAMILY AND MEDICAL LEAVE ACT (FMLA)		<input type="checkbox"/> NONQUALIFYING																											
7. DATES OF ABSENCES AND EXTRA TIME WORKED (Enter a symbol and number of hours in table blocks. See reverse for legends and symbols not noted above. If the absence is for an compensable injury/walking period, add X to other's 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 INT'Y HRS TO BE PAID																																	
7B. SICK																																	
7C. BEREAVEMENT																																	
7D. VACATION																																	
7E. ANNUAL																																	
7F. TO-TAL T.E. FM PH, SH, E, M, SW, L, PL, M																																	
7G. L, A																																	
7H. STRAIGHT TIME, WO, F, HC, WE																																	
7I. PREMIUM TIME, WO, F																																	
HOURS	SICK LEAVE	VACATION	CTO	HOLIDAY CREDIT																													