## CALIFORNIA INSTITUTE OF TECHNOLOGY



## **Bi-Weekly Exempt Leave Report**

Name:

Pay Period:

Employee Badg	je:		ŀ	Assign:					I	Dept:				_					
Scheduled Hou	rs									Leave Taken					Leave (	Leave Codes			
Day Date	Pay Code									Leave Code	Hours Taken	Leave Code	Hours Taken	Daily Total	Bereaver Jury Duty LWOP Re	,	BR JD LWOP		
Mon				м											Personal Sick Emp	Holiday	PH SE		
Tue				E											Sick Fam		SF		
Wed															Vacation Witness		V W		
Thu				L											Requires Prior Approval				
Fri															Requires Prior Appr from Leave Administ		nistration		
Sat															Leave (		Abbr.		
Sun															FMLA Sid FMLA Sid		FSE FSF		
1st week total															FMLA Va FMLA Va		FVE FVF		
															FMLALW FMLALW	OP Emp	FE FF		
Mon				Р											LWOP S	DI	SDI ML		
Tue				E											Maternity - LWOP Maternity - Sick		MS		
Wed				R											Maternity Military P	- Vacation ay	MV MP		
Thu				1											Other Pa Reg Disa		OPL RDL		
Fri				0	,										Reg Disa Reg Disa Reg Disa	b Sick	RDS RDV		
Sat				D											iteg Disa	b vac			
Sun																Pay Code	s		
2nd week total															EWW				
2 week Total															Reg Sal				
LABOR DISTRIBUTION												Prior Periods Pay/Leave Code Change							
Pay Code	Sta	art	End	Project / Task / Award			Hours	%	Date Fro		From: Code	To: Cod	e	Hours					
														-					
															I				
												-							
		+ + +								Employee Signature									

The foregoing percentages of Salaries & Wages have been reviewed and are reasonably consistent with work performed during the Bi-Weekly pay period.