

ABSENCE AND ADDITIONAL TIME WORKED REPORT

STD. 634 (REV. 2/2014)

TIME BASE WWG CB/ID

1. MONTH		YEAR	SEMIMONTHLY STATUS ONLY		ALTERNATE WORKWEEK SCHEDULE	
			<input type="checkbox"/> First Half	<input type="checkbox"/> Second Half	<input type="checkbox"/> 4/10/40	<input type="checkbox"/> 9/8/80

2. NAME (First) (Middle) (Last) 3. EMPLOYEE ID 4. POSITION NUMBER

5. ABSENCE WITH PAY

(SL) <input type="checkbox"/> SICK LEAVE SELF	(BL) <input type="checkbox"/> BEREAVEMENT LEAVE	(C) <input type="checkbox"/> CATASTROPHIC LEAVE DONATIONS RECEIVED AND USED	(JD) <input type="checkbox"/> JURY DUTY
(SL) <input type="checkbox"/> SICK LEAVE FAMILY ILLNESS	(CT) <input type="checkbox"/> USING OVERTIME CREDITS (CTO)	(ML) <input type="checkbox"/> SHORT-TERM MILITARY LEAVE (Calendar Days)	<input type="checkbox"/> ATTENDANCE FEE TO BE REMITTED (Make copy for Accounting)
(FH) <input type="checkbox"/> FURLOUGH HOURS	(HC) <input type="checkbox"/> USING HOLIDAY CREDITS	(NDI) <input type="checkbox"/> NONINDUSTRIAL INJURY <small>(Attach Military Duty Orders)</small>	<input type="checkbox"/> NO ATTENDANCE FEES RECEIVED
(LV) <input type="checkbox"/> PLP 2012	(EX) <input type="checkbox"/> USING EXCESS HOURS CREDIT	INDUSTRIAL ILLNESS OR INJURY	
(LP) <input type="checkbox"/> PLP 2010	(PH) <input type="checkbox"/> USING PERSONAL HOLIDAY	(TD) <input type="checkbox"/> TEMPORARY DISABILITY	COURT CITY
(LD) <input type="checkbox"/> PERSONAL LEAVE 2003	(EL) <input type="checkbox"/> PAID EDUCATIONAL LEAVE	(IDL) <input type="checkbox"/> INDUSTRIAL DISABILITY LEAVE	(SW) <input type="checkbox"/> WITNESS (Make copy for Accounting)
(PL) <input type="checkbox"/> PERSONAL LEAVE	(PT) <input type="checkbox"/> PROFESSIONAL DEVELOPMENT DAY	(IDL/S) <input type="checkbox"/> INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION	<input type="checkbox"/> CIVIL CASE <input type="checkbox"/> FEES TO BE REMITTED
(AL) <input type="checkbox"/> ANNUAL LEAVE	(HI) <input type="checkbox"/> HOLIDAY INFORMAL TIME OFF	OTHER _____	<input type="checkbox"/> CRIMINAL CASE <input type="checkbox"/> NO FEES RECEIVED
(VA) <input type="checkbox"/> VACATION	(PV) <input type="checkbox"/> VOLUNTARY PERSONAL LEAVE		IN THE INTEREST OF/ON BEHALF OF THE STATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(PA) <input type="checkbox"/> PARR		<input type="checkbox"/> SUBPOENAED <input type="checkbox"/> EXPERT

6. ABSENCE WITHOUT PAY

(DK) <input type="checkbox"/> INFORMAL LEAVE GRANTED (11 Working days or less)	(DK) <input type="checkbox"/> ABSENCE WITHOUT LEAVE (AWOL) (19996.2 or 19572)	<input type="checkbox"/> ABSENCE WHILE SERVING A PROBATIONARY PERIOD	<input type="checkbox"/> FMLA MILITARY CAREGIVER LEAVE	PAY PERIOD IS <input type="checkbox"/> QUALIFYING <input type="checkbox"/> NON QUALIFYING
(DK) <input type="checkbox"/> INFORMAL LEAVE GRANTED (15 Working days or less) (CSUS)	<input type="checkbox"/> TEMPORARY LEAVE (30 Calendar days or less)	(FM) <input type="checkbox"/> FMLA <input type="checkbox"/> CFRA	<input type="checkbox"/> PDL	

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.)

	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/PY HRS TO BE PAID																																
7B. SICK																																
7C. BEREAVEMENT																																
7D. VACATION																																
7E. A/L																																
7F. CT, HC, EX, FM, PH, EL, ML, JD, SW, MN, PL, LV, LP, FH, PV, HI, PT, PA																																
7G. DK																																
7H. STRAIGHT TIME, P, HC, CT, EX																																
7I. PREMIUM TIME CT, P																																

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED

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

EMPLOYEE SIGNATURE _____ DATE _____

10. RECOMMENDATION AND SUBSTANTIATION OF SUPERVISOR APPROVAL RECOMMENDED APPROVAL NOT RECOMMENDED

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

SIGNATURE OF SUPERVISOR _____ DATE _____

11. PERIOD ON DISABILITY COMPENSATION		12. DISABILITY COMPENSATION SUPPLEMENT				13. OFFICIAL DEPARTMENTAL ACTION		REVIEWED BY
FROM	TO	HOURS	SICK LEAVE	VACATION	CTO	HOLIDAY CREDIT	<input type="checkbox"/> APPROVED _____	
			<input type="checkbox"/> DISAPPROVED _____					

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INSTRUCTIONS*WWG E and SE employees must contact their personnel offices for instructions***GENERAL INFORMATION**

1. All absences or additional hours worked by full-time or part-time employees should be reported on one form STD. 634 for each pay period. Report all time worked for permanent intermittent and part-time employees.
2. Prepare the number of copies required by your department. Employees who want a copy for their own records, including supervisor's signature, may prepare an extra copy.

INSTRUCTIONS FOR FILLING OUT FORM STD. 634 BY ITEM NUMBER *(see reverse side)*

1. Enter pay period, month, and year, and complete other boxes as required by your department.
- 2-4. Complete name, employee identification (if applicable), and position number.
5. **Absences With Pay** - Check appropriate box, indicating type(s) of absence(s).
6. **Absences Without Pay (Dock)** - Complete all boxes, indicating type of unpaid absence and if the current pay period is qualified or nonqualified. Last box can be checked if employee is serving a probationary period to determine if employee will complete required number of working days.
Qualifying Pay Period - Eleven (11) or more paid days in a monthly pay period.
Nonqualifying Pay Period - Less than eleven (11) paid days in a monthly pay period.
Note: *If the employee is absent without pay for more than eleven (11) consecutive working days, which fall between two (2) consecutive otherwise qualifying pay periods, one (1) pay period shall be disqualifying.*
7. Dates of Absences and Extra Hours Worked
 - 7a. Enter time to be paid for each day, including paid absence hours for intermittent or part-time employees.
Note: *Enter all hours to be paid in the total column.*
 - 7b. **Sick and Sick Family** - Provisions on the usage of sick and family sick leave are outlined by the memorandum of understanding between your exclusive representatives and the State of California.
Indicate sick leave hours with a symbol "SL" on date of absence.
 - 7c. **Bereavement Leave** - Provisions for bereavement leave are outlined by the memorandum of understanding between your exclusive representative and the State of California.
 - 7d. **Vacation** - may be used in less than one (1) hour increments as outlined by the memorandum of understanding between your exclusive representative and the State of California and is shown on the appropriate date with the symbol "VA".
 - 7e. **Annual Leave** - The "AL" symbol shall be used to indicate when annual leave credits have been used.
 - 7f. Post proper symbol and number of hours for type of absence being reported.
 - MN - Mentoring Leave - eligible employees may receive up to 40 hours mentoring leave per calendar year once they have used an equal amount of their leave or personal time for this activity.
 - FM - Family and Medical Leave Act - under certain conditions, entitles employees up to 12 weeks of unpaid leave per year.
 - Military Leave** - Attach a copy of any applicable military order. Every calendar day must be recorded, including any Saturday, Sunday, or holiday.
 - Jury Duty or Witness** - An employee may be absent with pay for time actually served to perform jury duty, for time as a subpoenaed witness (other than a party to the suit), and for time as an expert witness testifying on behalf of the State. It is up to the employee to demand of the party requesting their appearance a subpoena and all allowable attendance and travel fees. The following absences are not compensable and the employee must charge leave or absence without pay: 1) subpoenaed witnesses who are a party to the suit, 2) subpoenaed witnesses not testifying on behalf of the State who elect to retain the attendance fees, 3) expert witnesses not testifying on behalf of the State, and 4) jurors who elect to retain the attendance fees. Subpoenaed witness fees for a civil trial are governed by Government Code (GC) Sections 68093-68097.10, fees for a criminal trial are governed by Penal Code Section 1329-29.1, and expert fees are governed by GC Section 68092.5. See SAM Sections 8594-94.3.
 - 7g. Post proper symbol and number of hours for type of absence reporting.
 - Approved absence without pay - Approved dock
 - Absence without pay - AWOL

An Unapproved Absence Without Pay -- Can be any amount of time. If the absence exceeds five (5) consecutive working days, this constitutes an automatic resignation from State service pursuant to Government Code 19996.2 (without fault) or an adverse action can be taken under Government Code 19572 (with fault).
 - 7h. Enter symbols and hours to be compensated at *straight* time as indicated below:
 - CT - Overtime worked for CTO
 - P - Overtime hours worked for pay
 - HC - Hours worked on a holiday
 - EX - Excess hours worked due to irregular work shift
 - 7i. Enter symbols and hours to be compensated at *premium time* as indicated below (Personnel Office will convert to time and one-half (1-1/2)):
 - CT - Overtime worked for CTO
 - P - Overtime hours worked for pay

Note: *Total column may be used for Items 7b through 7i.*
8. **Reason for Absence or Extra Hours Worked** - Examples include: Relationship information for sick leave absences (do not include a description of illness, condition, or diagnosis) or bereavement leave.
Note: *This item also can be used for reporting reasons for overtime hours worked or for unpaid absences.*
9. **Employee's Responsibility and Signature** - Employees have the responsibility to give their supervisor advance notification when they anticipate a future absence. When an unanticipated emergency causes the absence, the employees are responsible for notifying their supervisor as soon as possible and keeping their supervisor informed as to the possible date of return. Employees are also responsible for promptly reviewing and signing their absence report at the end of the pay period and submitting to their supervisor.
10. **Recommendation of Supervisor's Responsibility** - Each supervisor is responsible for seeing that employees comply with the regulations governing absence from work. Supervisor is then responsible for promptly reviewing and signing the employee's absence report and forwarding it to the Personnel Office.
Before recommending approval for sick leave by an INTERMITTENT EMPLOYEE, supervisor shall certify that the employee was scheduled to work during the hours reported for sick leave.
Note: *Methods of verification can include telephone or physician statement.*
- 11-13. Completed by Personnel Office only.