



**HARRISBURG AREA
COMMUNITY COLLEGE**

EMPLOYEE'S RECORD ON LEAVE

Report leave taken in quarter hour increments during the two-week period to the report to summarize the period for payroll purposes. Use the appropriate cell for each day and total each week of the report.	Organization #
	Position #
	Name
	Employee ID

I certify that the information below is an accurate record of leave taken during the two-week period ending.

Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____

Enter Dates of	M	T	W	TH	F	Week	M	T	W	TH	F	Week
Leave at Right						One						Two
Vacation												
Sick												
Personal												
Other*												

*Enter type of "OTHER" leave on this line. Other leave type:

- BEV - bereavement (list relationship) Reg. 861
- FSK - family sick (5/year) Reg. 862
- JUR - jury duty
- MIL - military

- FAM - critical family illness - Reg. 861
- FML-Family Medical Leave Act (contact HR)



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Leave at Right						One						Two
Vacation												
Sick												
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Organization # _____



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PAYROLL REPORT PR-1
Record time in hours/minutes - one regular day = 7.5
to the nearest quarter hour.

Fill in hours in appropriate cells and obtain employee authorizations.

Pay Period Ending _____

Administrative Level Supervisor's Signature _____

Emp ID	ENTER DATES BELOW							Week	ENTER DATES BELOW							Week
	Last Name - Ln 2							First							Second	
First Name - Ln 3																
Position # - Ln 4	SU	M	TU	W	TH	F	SA	Total	SU	M	TU	W	TH	F	SA	Total
1	R															
2	V															
3	S															
4	P															
DOC (unpaid hrs)																
Other*																
_____ hrs converted to comp time at 1.0 value; _____ hrs at 1.5 value														**		
1	R															
2	V															
3	S															
4	P															
DOC (unpaid hrs)																
Other*																
_____ hrs converted to comp time at 1.0 value; _____ hrs at 1.5 value														**		
1	R															
2	V															
3	S															
4	P															
DOC (unpaid hrs)																
Other*																
_____ hrs converted to comp time at 1.0 value; _____ hrs at 1.5 value														**		
1	R															
2	V															
3	S															
4	P															
DOC (unpaid hrs)																
Other*																
_____ hrs converted to comp time at 1.0 value; _____ hrs at 1.5 value														**		

*Indicates type of "OTHER" leave on this line. Other leave types :

- FAM - serious family illness per regulation
- FSK - family sick leave - 5 per year
- BEV - bereavement - list relationship
- MIL - military

- JUR - jury duty
- WTD - weather delay
- CPT - compensatory time
- HOL - holiday

FML - Family Medical Leave Act

R=actual time worked; V=vacation; S=sick; P=personal.

**Employee signs or initials-authorization for submission of time and leave as reported.

POSITION # _____
 ORG # _____



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Fill in time in (I) and time out (O) in appropriate cells and total # hours worked for each day and week

PAYROLL REPORT PR-5
 Record time in quarter hour increments

Pay Period Ending _____

First-Line Supervisor's Signature _____

SS # (student workers only)		ENTER DATES BELOW							Week	ENTER DATES BELOW							Week	2-Week Total
or Emp ID								First							Second			
Last Name - Ln 2																		
First Name - Ln 3																		
Hourly Rate - Ln 4		SU	M	TU	W	TH	F	SA	Total	SU	M	TU	W	TH	F	SA	Total	
	I																	
	O																	
	I																	
	O																	
#HRS (REG)																		
#HRS (SDP)																		
Emp Initials																		
	I																	
	O																	
	I																	
	O																	
#HRS (REG)																		
#HRS (SDP)																		
Emp Initials																		
	I																	
	O																	
	I																	
	O																	
#HRS (REG)																		
#HRS (SDP)																		
Emp Initials																		

HOURLY (i.e. part-time, student workers, and full-time hourly employees)

Original - Payroll Office

Copy - Office File

SDP = Shift Differential Pay for student workers - for shifts **BEGINNING** after 5:00pm



**HARRISBURG AREA
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ADJUNCT EMPLOYEE'S RECORD ON LEAVE

Report leave taken in class session increments during the two-week period to the report to summarize the period for payroll purposes. Use the appropriate cell for each day and total each week of the report.	Organization #
	Position #
	Name
	Employee ID

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Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____

Enter Dates of Leave at Right	M	T	W	TH	F	Week One	M	T	W	TH	F	Week Two	CRN
	Personal-1/semester w/pay												
Personal - No Pay													
Other*- No Pay													

*Enter type of "OTHER" leave on this line. Other leave type:

- BEV - bereavement (list relationship)
- JUR - jury duty
- MIL - military

Note: Each division is responsible for tracking the one paid sick day per semester..

THE CRN IS REQUIRED.



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	Personal-1/semester w/pay												
Personal - No Pay													
Other*- No Pay													

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