

LEAVE / IRREGULAR WORKWEEK FORM

LEAVE
 IRREGULAR WORKWEEK
 OTHER _____

ATTACHMENTS: SAN FAN TERMINATION CONTACT NAME: _____ PHONE # _____

EMPLOYEE NAME (FIRST) (MIDDLE) (LAST)			UWO ID NUMBER		SIN	
DEPARTMENT/FACULTY NAME			DEPT CODE			
JOB TITLE		JOB CODE		JOB STATUS		
				RF RP TF TP		

ACTION #1 EFFECTIVE DATE (YYYY-MM-DD)		ACTION #1 CODE		#1 REASON CODE	
ACTION #1 RETURN DATE (YYYY-MM-DD)		ACTION #1 CODE (RETURN)		#1 REASON CODE (RETURN)	
COMMENTS... (if necessary)					
ACTION #2 EFFECTIVE DATE (YYYY-MM-DD)		ACTION #2 CODE		#2 REASON CODE	
ACTION #2 RETURN DATE (YYYY-MM-DD)		ACTION #2 CODE (RETURN)		#2 REASON CODE (RETURN)	

IF THE EMPLOYEE WAS PREVIOUSLY LAID OFF AND/OR ON LEAVE PLEASE INDICATE THE FIRST DAY WORKED AFTER THE LAST LAYOFF OR LEAVE _____.	HAS VACATION PAY BEEN REQUISITIONED WITH THE FINAL PAY? YES NO
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For a salaried employee, pay for a partial month will be calculated automatically assuming the employee works a regular Monday to Friday workweek, the same number of hours each day. Complete this section for any partial months where this proration rule will not work.

PAY REQUISITION INFORMATION:

	PAY PERIOD START DATE (YYYY MM DD)	PAY PERIOD END DATE (YYYY MM DD)	# OF HOURS	AMOUNT	EARNINGS CODE
WEEK 1					
WEEK 2					
WEEK 3					
WEEK 4					
WEEK 5					
WEEK 6					

ER #

DEPARTMENT AUTHORIZATION _____ DATE _____

DEAN/BUDGET HEAD AUTHORIZATION _____ DATE _____

HUMAN RESOURCES _____ DATE _____