



Report of Employee's Information and Leave Accruals

To:		Date				
<p>The following information relates to the time and attendance record for the employee indicated below while employed at: →</p> <p>Please complete this form for the employee indicated below, who was last employed by your agency. →</p>		Name of Agency				
		Name of Agency				
First Name	Last Name	Last 4 SS # <small>xxx-xx-</small>	Employee ID#	Negotiating Unit	Start Date at New Agency	

Section 1: Dates and Balances - if dates are not applicable, enter "0/0/00"						
Anniversary Dates →	Personal	Vacation	IPP Grant Dates →		1.	2.
Leave Balances <small>enter time in hours</small> →	Holiday	Floater	Vacation	Personal	Sick	Vacation Leave Earned Biweekly
					Hours Per Day →	
					<small>If other, specify</small>	

Section 2: Accruals and Hours Worked	
1. Is the employee eligible to use vacation leave?	Yes No If no, how many pay periods have been completed towards eligibility? _____ Pay Periods
2. Did the employee earn accruals for the last pay period that they worked?	Yes No If no, how many days did they work towards earning their accruals? _____
3. Indicate the employee's current percentage if less than 100%.	_____ %
4. What timesheet cycle was the employee on?	Administration Institution
5. Does the employee have other transferable accruals?	Yes No Please attach supporting documentation.

Section 3: Additional Required Information - If applies, submit supporting documentation with this form.		
Indicate if employee has any of the following:	Management Confidential Employees:	Veteran Status:
Holiday Waiver	M/C IPP Enrollment	Veteran
Over 40 Comp Time	M/C Overtime Waiver	Former Reservist
Workers' Comp Case	M/C Vacation	

Section 4: Current Year Usage Information - Professional Leave is by fiscal year; all other leaves are by calendar year.								
Professional Leave	Family Sick Leave	Cancer Screening	Family Medical Leave (FMLA)	Military Leave		CSEA Leave for Licensure	Red Cross Volunteer With Pay	Civil Defense Duties
Days Used	Hours Used	Hours Used	Days Used	Calendar Days Used	Work Days Used	Days Used	Days Used	Days Used

Remarks

Certificate of Releasing Department or Agency:
I certify that the completed information pertaining to the above-named employee is accurate, based upon the records maintained by this agency.

Date

Signature

Submitter's Email Address

Phone Number

Title

T ARFA