Humboldt State University Sponsored Programs Foundation
Absence/Compensating Time Off Report

(Please Print)

Report for Period: _____ (Month) _____ (Year)

Employee Name: _____ (Last Name) _____ (First Name) _____ (MI)

Project Information: _____ (Project Name) _____ (Name of Supervisor)

1. Absence Hours
(Record hours from line 1 below)

	Code	
Sick Leave	(S)	
Vacation	(V)	
Holiday Credits	(H)	
Personal Holiday	(PH)	
CTO Hours Used	(CTO)	
Other	(O)	

Date	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
1. Absence Hours																																
Code																																

I certify that the above hours are accurate: _____ *(Employee Signature)* _____ Date

I have authorized and verified the hours stated above: _____ *(Supervisor/Project Director's Signature)* _____ Date

Absence Reports are due in the HSU Sponsored Programs Foundation office, Student and Business Services(SBS) Building, Room 345 by the third working day after the end of the month.

Absence Reports must be certified by the Employee and authorized by the Supervisor/Project Director even if there are no absence hours or time off earned hours to report.

Revised 2/08