F3.6

LAMAR UNIVERSITY

Vacation/Sick/Comptime Report

EMPLOYEE ID

LEAVE FOR MO. YR.

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

REMARKS _____

NAME

ORGANIZATION

TITLE

I certify that the foregoing statement is true and correct.

Employee Signature Date

Supervisor's Signature Date

LEAVE BALANCE

VACATION	SICK	FLSA COMP	STATE COMP

(includes sick leave & vacation earned 1st of each month)

(Work week begins Saturday 12:01 a.m. - ends Friday at midnight)

SATURDAY			SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			ACTUAL HOURS TOTAL		
Date	Code	Tot. Hr.	Date	Code	Tot. Hr.	Date	Code	Tot. Hr.	Date	Code	Tot. Hr.	Date	Code	Tot. Hr.	Date	Code	Tot. Hr.	Date	Code	Tot. Hr.	WORKED	+ STATE	* FLSA
																				TOTAL			

(V) VACATION
(S) SICK LEAVE
(FT) FLSA COMP. TIME TAKEN
(ST) STATE COMP. TIME TAKEN
(FE) FLSA EARNED
(SE) STATE COMP. EARNED
(E) EMERGENCY LEAVE/BEREAVEMENT
(J) JURY DUTY
(H) HOLIDAY
(LWOP) LEAVE W/O PAY
(SLP) SICK LEAVE POOL

List all exceptions to normal work schedule above by showing appropriate date, code, and total hours.
Bubble total leave for each type listed below.
Retain F3.6As in department for each absence or overtime requested.

VACATION

SICK LEAVE

FLSA COMP. TIME TAKEN

STATE COMP. TIME TAKEN

FLSA OVERTIME EARNED

STATE OVERTIME EARNED

NT

Please bubble in NT if no action is taken for this month

An F3.2 must accompany any leave in excess of accumulated balance.

* Bubble in 150% of actual FLSA

\+ State Overtime Earned = 1 to 1

INSTRUCTIONS

Use ONLY a No. 2 pencil to fill out this form.
Erase errors completely and clearly.
Do not make any stray marks on form.
Do not add names to this form.

ACCEPTABLE MARKS

UNACCEPTABLE MARKS

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