University of Virginia Time Management Form

Please COMPLETE ALL entries. INCOMPLETE FORMS WILL NOT BE PROCESSED.

PAYROLL ELEMENTS: ACADEMIC LEAVE CODES

A - Annual Leave
AC- Agency Closing
BMOD - Bone Marrow/Organ Donor Leave
C - Comp Time
CS - Comp Special
CSE - Comp Special Earned
CSHW - Comp Special Holiday Worked
H - Holiday
OL - Overtime Leave
MA - Military Active
MP -Military Physical
S - Sick Leave
SL - School / Volunteer Leave
UL - University Leave
VS - Sick Leave (VSDP)
HW - Hours Worked
CBS - Call Back Supplemental
SB: Stand by
AM: Civil and Work Related Leave (requires supporting documentation)
AM-INT - Interview - other state agency
AM - JD - Jury Duty
AM - OE - Emergency Disaster
PHEL - Public Health - COVID 19

Code	Payroll Elements—Earnings
CBS	Call Back Supplemental (Enter for Non-exempt only)
HW	Hour Worked (Enter for Non-exempt only)
SB	Stand By (Enter for Non-exempt only)

***PLEASE CHECK ONE OF THE FOLLOWING (Required):**

- ☐ Original Submission ***- or -***
- ☐ Correction Only (Complete as the Workday timecard should have been, circling corrections)

If this is a correction only, please choose one below:

- ☐ Pay Adjustment Only
- ☐ Leave Adjustment Only
- ☐ Both Pay and Leave Adjustment

Code	Civil and Work-Related Payroll Elements—Leave
AM	Civil and Work-Related Leave (Check VALID reason code below and attach supporting documentation as policy requires)

- ☐ Accompany Minor Child
- ☐ Administrative Summons
- ☐ Career Services
- ☐ Employee Assistance Program (EAP)
- ☐ Grievance Process
- ☐ Member of State Council, Commission, Board, Committee
- ☐ Naturalization Ceremony
- ☐ Subpoena for Witness or Victim
- ☐ Unemployment Compensation or Workers' Compensation
- ☐ UVA Interview

Optional Additional Information:

Signatures certify this information is accurate and complete:

Employee Certification
Printed Name: _____

Signature: _____ Date: _____

Supervisor / Timekeeper Certification
Printed Name: _____

Signature: _____ Date: _____

WD Employee #: _____ **WD Position #:** _____ **Payroll:** Bi-weekly **Pay Period:** Begin Date_____ End Date

~~Date~~															
Code	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Total**

Note: ***See guidelines about using this form for retroactive pay on the payroll website.***

Please fax to the Payroll Department at (434) 243-0090 or email payroll@virginia.edu

v02_20160212_rmr
Updated: 1/31/2022