

Management Services

Records Management

UM System Forms

Human Resources Forms

Completion Instructions For Monthly Absence Summary

Absences (i.e., paid time off) are typically recorded in one of the University timekeeping systems (e.g., Time & Labor, Kronos, etc.). This form may be used as additional documentation for absences that are covered by the Family & Medical Leave Act (FMLA) or in situations where employees do not have access to enter paid time off in an online timekeeping system. Following are the instructions for completing this form. If you have questions, check with your supervisor or Human Resource Services.

1. **Month:** Populate this field with the month under report.
2. **Year:** Populate with appropriate calendar year of the absence. Example: 2010
3. **Employee Name:** Record last name, first name, middle initial. Ex: Doe,Jane B.
4. **EmplID:** Record eight-character identification number. This number is used as a unique identifier.
5. **Department Name:** Record the PS code for your home department. Example:
CHUMNRESSV
6. **Date:** No entry required for this field. The numbers represent the day of the month.
7. **Vacation/Sick Leave/Family Sick Leave/Personal Days:** Record the number of hours you were absent on a specific date under the column that describes the type(s) of paid time off used to cover the absence (i.e., vacation/sick/family sick/ personal.) Report the paid time off to the nearest tenth of an hour.

Minutes to Tenths of Hours Conversion Chart

Minutes Worked	Convert To	Minutes Worked	Convert To
0-2	0	33-38	.6
3-8	.1	39-44	.7
9-14	.2	45-50	.8
15-20	.3	51-56	.9
21-26	.4	57-60	1.0
27-32	.5		

Family and Medical Leave Act (FMLA): If you used accrued vacation, sick leave, family sick leave or personal days to cover a FMLA qualifying absence, check the box next to the hours reported to indicate the time counts toward FMLA.

8. **Other:** Use this block to report absences other than vacation, sick, family sick, or personal.

Description	Type
Bereavement	DTM
Legal Proceedings	LGM
Work Incurred Injury/Illness	INM
Military Duty	MIM
Voting	VTM

9. **Comments:** Optional. May use this field to provide information regarding the absence.
10. **Totals:** If you complete this form electronically, the totals will automatically calculate. These totals should appear on your paystub as paid time off for the month if they are entered and approved by the deadline for reporting monthly absences.
11. **FMLA Total For Month:** Enter total of all FMLA hours for the period. This field does NOT automatically calculate.
12. **FMLA Begin Date:** Record the date on which FMLA was approved to begin.
13. **Employee Signature:** Sign your name to certify any absences reported. Write in the date you signed the form.
14. **Supervisor Signature:** Your supervisor should sign and date. Supervisors are responsible for reviewing, approving and correcting reported time.