

**EXEMPT
EFFORT/LEAVE REPORT FOR BI-WEEKLY PAYROLL**

UNIVERSITY OF ALASKA

PAY NO	PAYPERIOD ENDING DATE	EMPLOYEE NAME (LAST, FIRST, MID.)	EMPLOYEE ID	TK. LOCATION
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REPORTABLE LEAVE USAGE WEEK ONE WEEK TWO

DATES FOR PAYPERIOD		WEEK ONE							WEEK TWO						
*LEAVE EARN CODE	TOTAL HOURS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT

NO REPORTABLE LEAVE TAKEN

WHEN CLAIMING REPORTABLE LEAVE PLEASE INDICATE THE EARNINGS CODE IN THE APPROPRIATE BOX. (EXCLUDES FACULTY TIME-OFF)

- * REPORTABLE LEAVE EARNINGS CODES
- 440 - JURY DUTY LEAVE
- 450 - MILITARY LEAVE
- 500 - ANNUAL LEAVE
- 550 - SICK LEAVE
- 621 - WORKER'S COMP
- 651 - LEAVE WITHOUT PAY

PERCENT OF EFFORT

COMPLETE SECTION BELOW IF THE REPORTABLE PERCENT OF EFFORT (EXCLUDING REPORTABLE LEAVE CLAIMED ABOVE AND FACULTY TIME-OFF) FOR THE CURRENT PERIOD DIFFERS SIGNIFICANTLY FROM THE BUDGETED PERCENT OF EFFORT BELOW WHEN CONSIDERED IN CONJUNCTION WITH OTHER REPORTING PERIODS.

OVERRIDE LABOR DISTRIBUTION _____

ECLS	EC.	REPORTABLE PERCENT OF EFFORT	BUDGETED PERCENT OF EFFORT	FUND	ORG.	ACCT	PROG	ACTV	PCN.	SUF

PERCENT OF EFFORT MUST TOTAL 100% FOR EACH PCN.

ORIGINAL: REGIONAL PAYROLL

Revised Sept. 5, 2000

EMPLOYEE SIGNATURE

DEPT HEAD OR DESIGNEE SIGNATURE

The above signatures certify that the reportable leave usage claimed is true and correct, and the percentage of effort distribution is equitable when considered in conjunction with other reporting periods.