

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

UNIVERSITY OF ALASKA

PAY NO	PAY PERIOD ENDING DATE	EMPLOYEE NAME (LAST, FIRST, MID.)	EMPLOYEE ID	TK LOCATION
--------	------------------------	-----------------------------------	-------------	-------------

REPORTABLE LEAVE USAGE WEEK ONE WEEK TWO

DATES FOR PAY PERIOD		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 LABOR

COMPLETE SECTION BELOW IF THE REPORTABLE PERCENT OF LABOR DISTRIBUTION (EXCLUDING REPORTABLE LEAVE CLAIMED ABOVE AND FACULTY TIME-OFF) FOR THE CURRENT PERIOD DIFFERS FROM THE BUDGETED PERCENT OF LABOR BELOW.

OVERRIDE LABOR DISTRIBUTION _____

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

PERCENT OF LABOR MUST TOTAL 100% FOR EACH PCN.

ORIGINAL: REGIONAL PAYROLL

Revised Dec 3, 2012

EMPLOYEE SIGNATURE

DEPT HEAD OR DESIGNEE SIGNATURE

As an exempt (salaried) employee, I certify that the reportable leave usage claimed is true and correct, and the percentage of labor charge distribution represents a reasonable account of work performed during the period reported.