

STATE OF CALIFORNIA - DEPARTMENT OF HUMAN RESOURCES

ABSENCE AND ADDITIONAL TIME WORKED REPORT

STD. 634 (Rev. 08/2020)

		TIME BASE		WWG		CB/ID			
		PAY PERIOD							
1. MONTH		YEAR		SEMIMONTHLY STATUS ONLY		ALTERNATE WORKWEEK SCHEDULE			
				<div><div>First Half</div><div>Second Half</div></div>		<div><div>4/10/40</div><div>9/8/80</div></div>			

2. NAME (First) (Middle) (Last)			3. EMPLOYEE ID			4. POSITION NUMBER		
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5. ABSENCE WITH PAY

(SL) ☐ SICK LEAVE SELF

(SL) ☐ SICK LEAVE FAMILY ILLNESS

(FH) ☐ FURLOUGH HOURS

(LX) ☐ PLP 2020

(LV) ☐ PLP 2012

(LP) ☐ PLP 2010

(LD) ☐ PERSONAL LEAVE 2003

(PL) ☐ PERSONAL LEAVE

(AL) ☐ ANNUAL LEAVE

(VA) ☐ VACATION

(BL) ☐ BEREAVEMENT LEAVE

(CT) ☐ USING OVERTIME CREDITS (CTO)

(HC) ☐ USING HOLIDAY CREDITS

(EX) ☐ USING EXCESS HOURS CREDIT

(PH) ☐ USING PERSONAL HOLIDAY

(EL) ☐ PAID EDUCATIONAL LEAVE

(PT) ☐ PROFESSIONAL DEVELOPMENT DAY

(HI) ☐ HOLIDAY INFORMAL TIME OFF

(PV) ☐ VOLUNTARY PERSONAL LEAVE

(PA) ☐ PARR

(C) ☐ CATASTROPHIC LEAVE DONATIONS RECEIVED AND USED

(ML) ☐ SHORT-TERM MILITARY LEAVE (Calendar Days) (Attach Military Duty Orders)

(NDI) ☐ NONINDUSTRIAL INJURY

INDUSTRIAL ILLNESS OR INJURY

(TD) ☐ TEMPORARY DISABILITY

(IDL) ☐ INDUSTRIAL DISABILITY LEAVE

(IDL/S) ☐ INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION

OTHER

(JD) ☐ JURY DUTY

☐ ATTENDANCE FEE TO BE REMITTED (Make copy for Accounting)

☐ NO ATTENDANCE FEES RECEIVED

COURT

CITY

(SW) ☐ WITNESS (Make copy for Accounting)

☐ CIVIL CASE

☐ CRIMINAL CASE

IN THE INTEREST OF/ON BEHALF OF THE STATE: ☐ YES ☐ NO

☐ SUBPOENAED

☐ FEES TO BE REMITTED

☐ NO FEES RECEIVED

☐ NO

☐ EXPERT

6. ABSENCE WITHOUT PAY

(DK) ☐ INFORMAL LEAVE GRANTED (11 Working days or less)

(DK) ☐ INFORMAL LEAVE GRANTED (15 Working days or less) (CSUS)

(DK) ☐ ABSENCE WITHOUT LEAVE (AWOL) (19996.2 or 19572)

☐ TEMPORARY LEAVE (30 Calendar days or less)

☐ ABSENCE WHILE SERVING A PROBATIONARY PERIOD

(FM) ☐ FMLA ☐ CFRA

☐ FMLA MILITARY CAREGIVER LEAVE

☐ PDL

PAY PERIOD IS 

☐ QUALIFYING ☐ NON QUALIFYING

7. DATES OF ABSENCES AND EXTRA TIME WORKED

(Enter symbol and number of hours in date blocks. See reverse for legends and symbols not noted above. If the absence is for a compensable injury waiting period, add X to other symbol.)

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		TOTAL
7A. HRLY INT/PY HRS TO BE PAID																																			
7B. SICK																																			
7C. BEREAVEMENT																																			
7D. VACATION																																			
7E. AL																																			
7F. CT, HC, EX, FM, PH, EL, ML, JD, SW, MN, PL, LX, LV, LP, FH, PV, HI, PT, PA																																			
7G. DK																																			
7H. STRAIGHT TIME, P, HC, CT, EX																																			
7I. PREMIUM TIME CT, P																																			

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED

9. CERTIFICATE BY EMPLOYEE

To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

EMPLOYEE SIGNATURE

DATE

10. RECOMMENDATION AND SUBSTANTIATION OF SUPERVISOR

☐ APPROVAL RECOMMENDED

☐ APPROVAL NOT RECOMMENDED

To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

SIGNATURE OF SUPERVISOR

DATE

11. PERIOD ON DISABILITY COMPENSATION		12. DISABILITY COMPENSATION SUPPLEMENT				13. OFFICIAL DEPARTMENTAL ACTION		REVIEWED BY
FROM	TO	HOURS	SICK LEAVE	VACATION	CTO	HOLIDAY CREDIT	<div><input type="checkbox"/> APPROVED</div>	
							<div><input type="checkbox"/> DISAPPROVED</div>	

**ABSENCE AND ADDITIONAL TIME WORKED REPORT**

STD. 634 (Rev. 08/2020)

**INSTRUCTIONS***WWG E and SE employees must contact their personnel offices for instructions***GENERAL INFORMATION**

1. All absences or additional hours worked by full-time or part-time employees should be reported on one form STD. 634 for each pay period. Report all time worked for permanent intermittent and part-time employees.
2. Prepare the number of copies required by your department. Employees who want a copy for their own records, including supervisor's signature, may prepare an extra copy.

**INSTRUCTIONS FOR FILLING OUT FORM STD. 634 BY ITEM NUMBER** *(see reverse side)*

1. Enter pay period, month, and year, and complete other boxes as required by your department.
- 2-4. Complete name, employee identification (if applicable), and position number.
5. **Absences With Pay** - Check appropriate box, indicating type(s) of absence(s).
6. **Absences Without Pay (Dock)** - Complete all boxes, indicating type of unpaid absence and if the current pay period is qualified or nonqualified. Last box can be checked if employee is serving a probationary period to determine if employee will complete required number of working days.  
*Qualifying Pay Period* - Eleven (11) or more paid days in a monthly pay period.  
*Nonqualifying Pay Period* - Less than eleven (11) paid days in a monthly pay period.  
**Note:** *If the employee is absent without pay for more than eleven (11) consecutive working days, which fall between two (2) consecutive otherwise qualifying pay periods, one (1) pay period shall be disqualifying.*
7. Dates of Absences and Extra Hours Worked
  - 7a. Enter time to be paid for each day, including paid absence hours for Work Week Group 2 intermittent and hourly employees.  
**Note:** *Enter all hours to be paid in the total column.*
  - 7b. **Sick and Sick Family** - Provisions on the usage of sick and family sick leave are outlined by the memorandum of understanding between your exclusive representatives and the State of California.  
 Indicate sick leave hours with a symbol "SL" on date of absence.
  - 7c. **Bereavement Leave** - Provisions for bereavement leave are outlined by the memorandum of understanding between your exclusive representative and the State of California.
  - 7d. **Vacation** - may be used in less than one (1) hour increments as outlined by the memorandum of understanding between your exclusive representative and the State of California and is shown on the appropriate date with the symbol "VA".
  - 7e. **Annual Leave** - The "AL" symbol shall be used to indicate when annual leave credits have been used.
  - 7f. Post proper symbol and number of hours for type of absence being reported.  
 MN - Mentoring Leave - eligible employees may receive up to 40 hours mentoring leave per calendar year once they have used an equal amount of their leave or personal time for this activity.  
 FM - Family and Medical Leave Act - under certain conditions, entitles employees up to 12 weeks of unpaid leave per year.  
**Military Leave** - Attach a copy of any applicable military order. Every calendar day must be recorded, including any Saturday, Sunday, or holiday.  
**Jury Duty or Witness** - An employee may be absent with pay for time actually served to perform jury duty, for time as a subpoenaed witness (other than a party to the suit), and for time as an expert witness testifying on behalf of the State. It is up to the employee to demand of the party requesting their appearance a subpoena and all allowable attendance and travel fees. The following absences are not compensable and the employee must charge leave or absence without pay: 1) subpoenaed witnesses who are a party to the suit, 2) subpoenaed witnesses not testifying on behalf of the State who elect to retain the attendance fees, 3) expert witnesses not testifying on behalf of the State, and 4) jurors who elect to retain the attendance fees. Subpoenaed witness fees for a civil trial are governed by Government Code (GC) Sections 68093-68097.10, fees for a criminal trial are governed by Penal Code Section 1329-29.1, and expert fees are governed by GC Section 68092.5. See SAM Sections 8594-94.3.
  - 7g. Post proper symbol and number of hours for type of absence reporting.  
 Approved absence without pay - Approved dock  
 Absence without pay - AWOL  
**An Unapproved Absence Without Pay** - Can be any amount of time. If the absence exceeds five (5) consecutive working days, this constitutes an automatic resignation from State service pursuant to Government Code 19996.2 (without fault) or an adverse action can be taken under Government Code 19572 (with fault).
  - 7h. Enter symbols and hours to be compensated at *straight* time as indicated below:  
 CT - Overtime worked for CTO  
 P - Overtime hours worked for pay  
 HC - Hours worked on a holiday  
 EX - Excess hours worked due to an alternate work week schedule.
  - 7i. Enter symbols and hours to be compensated at *premium* time as indicated below (Personnel Office will convert to time and one-half (1-1/2)):  
 CT - Overtime worked for CTO  
 P - Overtime hours worked for pay  
**Note:** *Total column may be used for Items 7b through 7i.*
8. **Reason for Absence or Extra Hours Worked** - Examples include: Relationship information for sick leave absences (do not include a description of illness, condition, or diagnosis) or bereavement leave.  
**Note:** *This item also can be used for reporting reasons for overtime hours worked or for unpaid absences.*
9. **Employee's Responsibility and Signature** - Employees have the responsibility to give their supervisor advance notification when they anticipate a future absence. When an unanticipated emergency causes the absence, the employees are responsible for notifying their supervisor as soon as possible and keeping their supervisor informed as to the possible date of return. Employees are also responsible for promptly reviewing and signing their absence report at the end of the pay period and submitting to their supervisor.
10. **Recommendation of Supervisor's Responsibility** - Each supervisor is responsible for seeing that employees comply with the regulations governing absence from work. Supervisor is then responsible for promptly reviewing and signing the employee's absence report and forwarding it to the Personnel Office.  
 Before recommending approval for sick leave by an INTERMITTENT EMPLOYEE, supervisor shall certify that the employee was scheduled to work during the hours reported for sick leave.  
**Note:** *Methods of verification can include telephone or physician statement.*
- 11-13. Completed by Personnel Office only.