

Cooperative Institute for Marine and Atmospheric Research

Time and Leave Certification

NOTE: This form is not applicable to hourly employees. Hourly employees MUST complete the RCUH Hourly Timesheet.

Employee's Name: _____

Pay Period Ending: _____

- ☐ I certify that I have worked the full pay period without any leave, overtime, or other exceptions.
- ☐ I certify that I have worked the full pay period with the following exceptions that are listed on the Leave/Overtime table below.
- Pay Periods are the 1st to the 15th and 16th to last day of each month.

Leave Table			
(Attach additional sheets if necessary)			
Type of Leave	From Date	To Date	No. of Hours

Leave Types:

- Vacation (See RCUH Policy #3.620)
- Sick: Attach a physician's disability certification for leaves of 5 or more consecutive days. (See RCUH Policy #3.640)
- Jury Duty: Attach jury duty certification and/or summons. (See RCUH Policy #3.672)
- Military: Attach orders with specific period indicated for leave. (see RCUH Policy #3.674)
- Funeral: Name and relationship of deceased relative: _____ (See RCUH Policy #3.670)
- Parent Teacher Conference: Attach RCUH Form D-15 (See RCUH Policy #3.678)
- Blood Donation (See RCUH Policy #3.676)
- Leave of Absence Without Pay (See RCUH Policy #3.650)
- Family Leave: Attach medical/other certification. (See RCUH Policy #3.660)
- Worker's Compensation: Attach physician's disability from first day of disability. (See RCUH Policy #3.580)

Overtime Table - For FLSA Non-Exempt Employees Only

Requires Pre-Authorization - List overtime separately by day

Date	Number of Overtime Hours

Employee Certification: I understand that failure to submit a completed time/leave certification and/or any required documents/certifications in accordance with RCUH and CIMAR Policies and the RCUH Payroll Processing Schedule will delay the issuance of my paycheck; failure to return after any authorized leave may lead to termination of my employment. I certify the accuracy of this Time Report and attached documents (if applicable) and understand that falsification of records may lead to termination of my employment. I authorize RCUH to deduct any overpayments made to me in error.

Employee Signature: _____

PI or Supervisor Certification: I certify that the employee did perform a full day's work on all standard work days unless leave or overtime is indicated above. I certify that this payroll charge to the project is accurate based on the authorized work performed by the above named person and that all RCUH and CIMAR Policies and Procedures have been followed to the best of my knowledge.

PI or Supervisor Signature: _____