**HUMAN RESOURCES**

**NORFOLK STATE UNIVERSITY**

**1500 HOUR WAGE AND ADJUNCT**

**LEAVE REPORTING FORM**

**Part I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month/Year: |  |  | Department: |  |

|  |  |
| --- | --- |
| Employee ID Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name (TYPE/PRINT): |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | LAST | FIRST | M.I. |

Employee Role: ADJUNCT WAGE

**Part II** – Leave Taken **LEAVE ACTIVITY REPORTING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| LEAVE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |
| CODE | |  | HOURS | | | | |  |  | DATES FROM | | | | | | |  | | THROUGH DATES | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |
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| Total | |  |  |  |  |  |  |  | (Add Hours and enter the total) | | | | | | | | | | | |  | |  | |  | |  | |  |

**Leave Codes**

EF Emergency Family Medical Leave **(associated with COVID19)**

EL Federal Emergency Paid Sick Leave **(up to 80 hours associated with COVID-19)**

FL Family Medical Leave **(not associated with COVID19)**

PH State Public Health Emergency Leave **(up to 160 hours)**

By signing below, we certify that the information on this Faculty and Faculty Administrator Leave Activity Reporting Form is Accurate and complete.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| EMPLOYEE’S SIGNATURE |  | DATE |
|  |  |  |
| SUPERVISOR’S SIGNATURE |  | DATE |
|  |  |  |
| SUPERVISOR (PRINT) |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Keyed by Date