

**IMPERIAL VALLEY COLLEGE  
CLASSIFIED EMPLOYEE MONTHLY TIME RECORD**

Fiscal Year 2010 to 2011

NAME \_\_\_\_\_ Generated ID # \_\_\_\_\_

PAY PERIOD \_\_\_\_\_ 16, \_\_\_\_\_ TO \_\_\_\_\_ 15, \_\_\_\_\_

**SECTION I**

DATE	REGULAR HOURS	EXCEPTION	
		HOURS	CODE
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**SECTION II – EXCEPTION CODES**

- AU** **Authorized College Absence** \*\*  
Absence slip must be attached.
- BL** **Bereavement Leave**  
**Relationship** \_\_\_\_\_  
**Distance** \_\_\_\_\_
- CO** Compensatory Time Earned
- CU** Compensatory Time Used
- FR** Furlough Day
- HO** Holiday
- IL** **Industrial Leave** \*\*  
Copy of Doctors Work Status Report must be attached OR YOU WILL BE DOCKED. NO EXCEPTIONS
- JD** **Jury Duty**
- LWP** Leave Without Pay
- ML** **Military Leave**\*\*
- ND** Night Differential
- OT** Overtime Hours Earned
- PN 1** Death in Immediate Family
- PN 2** Accident – Immediate Family
- PN 3** Death of a Friend
- PN 4** Special Event – Immediate Family
- PN 5** Illness in Immediate Family
- PN 6** **Appearance in Court** \*\*
- PN 7** Any Personal Reason
- SL** **Sick Leave Hours Used** \*\*  
Doctor Verification must be attached for absences of 5 or more consecutive work days.
- VAC** Vacation Hours Used
- MR** Meal or rest period not used as required
- O** Other – Explain \_\_\_\_\_

\*\* Attach Copy of Authorization / Absence Forms

**RE: PN - No more than seven (7) days**  
**May be used for category numbers 1 through seven (1 – 7) in a fiscal year.**

\*\* FOR HUMAN RESOURCES USE ONLY \*\*

VAC = \_\_\_\_\_ SIC = \_\_\_\_\_

CTU = \_\_\_\_\_ CTT = \_\_\_\_\_

**Regular Hours total** \_\_\_\_\_

**Exception Hours total** \_\_\_\_\_

**Total Hours/Time Period** \_\_\_\_\_

