**HUMAN RESOURCES**

**NORFOLK STATE UNIVERSITY**

**FACULTY AND FACULTY ADMINISTRATORS**

**LEAVE REPORTING FORM**

**Part I**

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

|  |  |
| --- | --- |
| EMPLOYEE ID Number  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME (Type/Print) |  |  |  |  |  |

 LAST FIRST M.I.

Sick Leave Plans/Program (check the applicable plan or program) VSDP NSU ORP/STD

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

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

|  |  |  |
| --- | --- | --- |
| **Virginia Sickness & Disability Program (VSDP-VRS)** | **Optional Retirement & STD Plan** | \***Norfolk State University Plan** |
| AT | Annual Leave Taken (12-month faculty only) | AT | Annual Leave Taken (12-month faculty only) | AT | Annual Leave Taken (12-month faculty only) |
| SP | Sick Taken – Personal | SP | Sick Taken - Personal | SP | Sick Taken – Personal |
| FP | Family & Personal Leave Taken | FP | Family & Personal Leave Taken | FP | Family & Personal Leave Taken |
| DC | Disability Credit Taken | SD | Short-Term Disability Leave | WT | Workers Compensation |
| SD | Short-Term Disability Leave | WT | Workers Compensation | XX | Leave Taken Without Pay |
| WT | Workers Compensation | XX | Leave Taken Without Pay | CS | Community Service |
| XX | Leave Taken Without Pay | CS | Community Service |  |  |
| CS | Community Service |  |  |  |  |

**Additional Leave – COVID-19**

PH Public Health Emergency Leave

EL = Emergency Paid Sick Leave

EF = Emergency Family Medical Leave (associated with COVID19)

FL = Family Medical Leave (not associated with COVID19)

SD = Short-Term Disability

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 Keyed By (Initial) Date

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

SUPERVISOR’S SIGNATURE DATE

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

SUPERVISOR (PRINT)

**FACULTY AND FACULTY ADMINISTRATORS PROCEDURES FOR LEAVE REPORTING FORM**

This form is used to report leave time taken for faculty members and faculty administrators enrolled in the Virginia Sickness and Disability Program (VSDP), Norfolk State University Plan (NSU), or Optional Retirement and Short-Term Disability Sick Leave Plan (ORP/STD). The Payroll office acts as the recorder of the leave records in compliance with the guidelines of the Fair Labor Standards Act (FLSA), Department of Human Resources Management (Policies #4.05 – 4.60), Virginia Sickness and Disability Program, and University, State and federal regulations and laws.

This form must be retained by the University for five years, and is subject to audit by the University and governmental agencies for compliance with University, State and federal regulations and laws.

**Part I – Employee Data**

Complete each item in Part I. Personnel information must be included on the form. The employee identification number must be verified for accuracy by the supervisor. Incorrect numbers may delay the timely processing of this form.

**Part II – Leave Taken**

This section of the Leave Activity Reporting Form is completed when leave is taken. Indicate the appreciate leave code, hours taken, and the date(s). The supervisor and employee must sign the form in the appropriate space. The form must be submitted to the Payroll Office by noon on the 9th of the month for the leave reporting period of the 25th – 9th and by noon on the 24th of the month for the leave reporting period of the 10th – 24th of the month.

**9-Month Faculty Members**

Nine-month faculty members are to report all instructional leave taken to their respective department head and designee. For example, if an instructor is out sick and misses a one-hour class, the instructor will only be charged for one-hour of sick leave. If the instructor is out sick and does not have a class, no sick leave time will be charged. Nine-month faculty members will not be charged leave time for office hours missed.

**Research Faculty**

Research hours should be equivalent to instructional release time. For example, if an instructor receives three hours of release time to conduct research and is out sick leave equivalent to the instructional release times are to be charged.

**12-Month Faculty Members, Faculty Administrators, and Faculty Professionals**

Twelve-month faculty members, faculty administrators, and faculty professionals are scheduled to work eight hours per day. Administrators and professional faculty are required to submit a Leave Reporting Form for paid leave utilized in excess of four consecutive hours.

**Part III – Leave Codes**

The applicable leave codes and number of hours must be indicated when leave is taken. It is the responsibility of the supervisor to ensure that all forms are thoroughly and properly completed.