

LEAVE ACTIVITY REPORTING FORM  
P-8A



Leave Activity Reporting Form

EMPLOYEE DATA

COMPANY NUMBER  EMPLOYEE NUMBER

FIRST NAME  M.I.  LAST NAME

LEAVE TAKEN

LEAVE TYPE*	HOURS	DATE FROM	DATE TO	COMPANY USE/ INITIALS & DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL >  (ADD HOURS AND ENTER TOTAL)

LEAVE EARNED

LEAVE TYPE*	HOURS	EARNED DATE	COMPANY USE/ INITIALS & DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL  (ADD HOURS AND ENTER TOTAL)

- PART IV LEAVE TYPES**  
 BE = PARENTAL LEAVE EARNED  
 BT = PARENTAL LEAVE TAKEN  
 BT = BONUS LEAVE TAKEN  
 CS = SCH ASST/ VOL SERVICE LEAVE TAKEN  
 AT = ANNUAL LEAVE TAKEN  
 SP = SICK TAKEN PERSONAL  
 SF = SICK TAKEN FAMILY (NON-VSDP)  
 CT = COMPENSATORY LEAVE TAKEN  
 ET = EDUCATION LEAVE TAKEN  
 MT = MILITARY LEAVE TAKEN  
 JT = CIVIL/WORK-RELATED LEAVE  
 WT = WORKERS COMPENSATION  
 XX = LEAVE WITHOUT PAY  
 OT = OTHER LEAVE  
 CE = COMPENSATORY LEAVE EARNED  
 OE = OVERTIME LEAVE EARNED  
 OX = OVERTIME LEAVE TAKEN  
 DC = DISABILITY CREDIT TAKEN  
 FP = FAMILY PERSONAL TAKEN  
 SD = SHORT TERM DISABILITY LEAVE  
 RE = RECOGNITION LEAVE EARNED  
 RT = RECOGNITION LEAVE TAKEN  
 MO = ORGAN/BONE MARROW LEAVE TAKEN  
 PL = PRELAYOFF LEAVE TAKEN  
 MB = MILITARY LEAVE BANK TAKEN

APPROVALS

EMPLOYEE SIGNATURE (FULL NAME) \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DEPARTMENT/SECTION \_\_\_\_\_

KEYED BY \_\_\_\_\_ DATE \_\_\_\_\_

L - 1  
5/7/19

BY SIGNING ABOVE WE CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE