

**ST. LAWRENCE UNIVERSITY
BACKPAY FORM**

PAY PERIOD: _____ THROUGH: _____

NAME: _____ DEPT: _____ POSITION TITLE: _____

LEAVE PLANS								DIFFERENTIALS	
VAC – Vacation		SIC – Sick Time		PERB – Personal Business				S40 – 3PM Shift	
EHOL – Extra Holiday		HOL – Holiday		BERV – Bereavement				S50 – 11PM Shift	
JURY- Jury Duty		CALL – Call Back		ALOA – Authorized leave w/o pay					
WCMP – Worker’s Comp		ULOA – Absent w/o pay		USIC – Unpaid Sick					
DOT7 – Daily OT over 7.5 hours		DOT8 – Daily OT over 8 hours		WELH – Well Day OFF (SEIU)					
Date	Day		Hours Worked	Annual Leave Hours	Sick Hours	Other Time Hours	Other Time Types	Shift Hours	Shift Type
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
Totals>>>									
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
Totals>>>									

Employee

Supervisor

Your signature as an employee on this timesheet is your confirmation that the information you have provided is truthful and accurate.