University of Central Florida
Leave and Pay Exception Report (LAPER)

Name: **ID:** **Rcd#:**

Job Code: **Work Grp:** (Select from Drop-down) **Group:**

Current Pay Period - Begin: 09/04/2020 End: 09/17/2020

	Sched Hours	*Actual Hrs
Week 1 Total	40.00	
Week 2 Total	40.00	

* Represents hours worked + holidays + personal holiday + administrative leave

Enter Biweekly On-call Amount:
$ _____

	Show Leave Used for Week 1 Below								Show Leave Used for Week 2 Below							
Leave Type	Fri 09/04	Sat 09/05	Sun 09/06	Mon 09/07	Tue 09/08	Wed 09/09	Thu 09/10	Wk 1 Total	Fri 09/11	Sat 09/12	Sun 09/13	Mon 09/14	Tue 09/15	Wed 09/16	Thu 09/17	Wk 2 Total
								0								0
								0								0
								0								0
								0								0
								0								0

Please indicate the type of leave being used in the column marked 'Leave Type' and indicate the number of hours in the column(s) with the appropriate date.

(A) Annual Leave - Taken (ADM) Administrative Leave (DIS) WC Disability (LWO) Leave Without Pay

(S) Sick Leave Taken (SPS) Sick Leave Pool Usage (WC) Workers Comp Hours (WCL) Workers Comp Hours

Leave usage should be requested and approved in advance, except in emergency situations. Provide justification below for all leave usage. A **Medical or Parental Leave Request Form** and **Medical Certification Form** are required when absent more than 10 business days for medical or parental leave.

Explanation of Leave Used						
From Date	From Time	To Date	To Time	Leave Type	# Hours	Reason

I certify that the hours shown on this form accurately reflect Act Hrs (as indicated above) and leave taken during the period indicated.

Employee's Signature Date

Supervisor's Signature Date