

**EMPLOYEE TIME REPORT, LEAVE REPORT & DAILY ACTIVITY REPORT INSTRUCTIONS:  
RECORDING PFML SUPPLEMENTAL LEAVE BENEFITS**

Employees are responsible for identifying the dates they are approved for PFML and those dates and times in which they choose to supplement their PFML benefits with annual leave, sick leave, compensatory time or personal holiday time on their Time or Leave Report or sick leave on the Daily Activity Report.

**Time or Leave Report Instructions**

1. In order to process payment of supplemental benefits for PFML, completed and appropriately signed/authorized Time and Leave Reports **MUST** be emailed to Payroll Services [payroll@wsu.edu](mailto:payroll@wsu.edu) each pay cycle supplemental benefits are used, in accordance with applicable Payroll cut-off dates. (see the [Payroll Services website](#), select DeptPayUsers and then on Overview tab, the appropriate "Payroll Document Schedule" for applicable payroll cut-off dates).
2. Leave must be recorded in accordance with the below instructions to assure accurate PFML Supplemental Benefits processing
  - Complete Time/Leave Report per normal processes recording hours worked and leave taken as applicable.
  - For PFML supplemental benefits during the ESD approved PFML period
    - In the Comments section write "PFML-SUP and note the corresponding dates and times for the requested annual leave, sick leave, compensatory time, personal holiday supplementation

**Time Report Sample**

| HOURS WORKED  |  | 60.60.33 (W/in) Excel-Rev 1C WSU126-GENEX007-1016  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
|---|--|--|-------|------|------|------|------|------|---|---|---|------|------|------|------|------|----|----|------|------|------|------|------|----|----|------|------|------|------|------|----|------|----|
| Time<br>Pilot<br>Code   | Account Code<br>Program-Budget-Project | Total<br>Hours   | 1     | 2    | 3    | 4    | 5    | 6    | 7 | 8 | 9 | 10   | 11   | 12   | 13   | 14   | 15 | 16 | 17   | 18   | 19   | 20   | 21   | 22 | 23 | 24   | 25   | 26   | 27   | 28   | 29 | 30   | 31 |
| RP  |  | 96.00  |       |      | 8    | 8    | 8    |      |   |   |   | 8    | 8    | 8    |      |      |    |    |      |      | 8    | 8    | 8    |    |    |      |      |      | 8    | 8    |    |      | 8  |
| LEAVE HOURS TAKEN (Enter other leave types in blank lines as necessary. See BPPM Chapter 60.) |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Annual Leave  | 52.00                                  |  |       |      |      | 8    | 8    |      |   |   |   |      | 4    | 8    |      |      |    |    |      |      |      |      |      |    |    | 8    | 8    | 8    |      |      |    |      |    |
| Sick Leave  | 20.00                                  |  |       |      |      |      |      |      |   |   |   |      | 4    |      |      |      |    |    | 8    | 8    |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Comp Time Off   |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Leave Without Pay   |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Personal Holiday  |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Holiday   |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Bereavement (Civil Serv/Col. Bar. Use<br>Note family relationship in Comments)                |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Emergency Leave (AP)<br>Note family relationship in Comments                                  |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Shared Leave  |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| TOTAL HOURS   | 164.00                                 |  |       | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |   |   |   | 8.00 | 8.00 | 8.00 | 4.00 | 8.00 |    |    | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |    |    | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |    | 8.00 |    |
| COMP TIME EARNED  |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| BALANCES  |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Previous Balances   |  |  |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
| Subtract Hours Used   | 52.00                                  |  | 20.00 |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |
|   |  | PFML- SUP: 8/6, 8/7, 8/13 (4 hrs SL) 8/14-8/18<br>FMLA 8/6, 8/7, 8/13 (4 hrs SL) 8/14-8/18 |       |      |      |      |      |      |   |   |   |      |      |      |      |      |    |    |      |      |      |      |      |    |    |      |      |      |      |      |    |      |    |

**EMPLOYEE TIME REPORT, LEAVE REPORT & DAILY ACTIVITY REPORT INSTRUCTIONS:  
RECORDING PFML SUPPLEMENTAL LEAVE BENEFITS**

Leave Report Sample

| Leave Hours Taken            |       | Total Hours | 1            | 2 | 3          | 4 | 5            | 6 | 7         | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24   | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------------------|-------|-------------|--------------|---|------------|---|--------------|---|-----------|---|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|
| Annual Leave                 | 52.00 |             |              |   |            | 8 | 8            |   |           |   |  |    |    |    | 4  | 8  |    |    |    |    |    |    |    |    | 8  | 8    | 8  |    |    |    |    |    |    |
| Sick Leave                   | 20.00 |             |              |   |            |   |              |   |           |   |  |    |    | 4  |    |    |    |    | 8  | 8  |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Comp Time Off                |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Leave w/o Pay                |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Personal Holiday             |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Holiday                      |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Bereavement                  |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Training Leave               |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Civil Leave                  |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Military Training            |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Shared Leave                 |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Bargaining Unit #            |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| <b>BALANCES</b>              |       |             | Annual Leave |   | Sick Leave |   | Shared Leave |   | Comp Time |   | Comments   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Previous Balances            |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Subtract Hours Used          |       |             | 52.00        |   | 20.00      |   |              |   |           |   | PFML-SUP 8/6,8/7,8/13 (4 hrs SL) 8/14-8/18<br>FMLA 8/6, 8/7, 8/13 (4 hrs SL) 8/14-8/18 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Subtract Donated Hours       |       |             |              |   |            |   |              |   |           |   |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| Add Hours Earned or Received |       |             |              |   |            |   |              |   |           |   | I certify that this is an accurate report of my leave hours.                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
|                              |       |             |              |   |            |   |              |   |           |   | Employee's Signature   |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Date |    |    |    |    |    |    |    |

**EMPLOYEE TIME REPORT, LEAVE REPORT & DAILY ACTIVITY REPORT INSTRUCTIONS:  
RECORDING PFML SUPPLEMENTAL LEAVE BENEFITS**

Daily Activity Report (DAR) Recording Instructions  
Use of Paid Sick Leave

1. In order to process payment of supplemental sick leave benefits for PFML, completed and appropriately signed/authorized DAR are to be completed through Positive Pay per normal standards.
2. On the DAR in "Paid Sick Leave Hours Used", on the date in which the employee was scheduled to work but was unable to due to the PFML reason, write the number of hours scheduled but not worked and "SUP" next to the hours associated with the designated leave.
3. Completed and appropriately signed/authorized/and processed DARs MUST be emailed to Payroll Services [payroll@wsu.edu](mailto:payroll@wsu.edu) each pay cycle supplemental benefits are used, in accordance with applicable Payroll cut-off dates. (see the [Payroll Services website](#), select DeptPayUsers and then on Overview tab, the appropriate "Payroll Document Schedule" for applicable payroll cut-off dates).

DAR Sample

| Day          | Hours or Units Worked* | Paid Sick Leave Hours Used* |
|--------------|------------------------|-----------------------------|
| 1            |                        |                             |
| 2            |                        |                             |
| 3            |                        |                             |
| 4            |                        |                             |
| 5            |                        |                             |
| 6            |                        | 3 SUP                       |
| 7            |                        | 3 SUP                       |
| 8            |                        |                             |
| 9            |                        |                             |
| 10           |                        |                             |
| 11           |                        |                             |
| 12           |                        |                             |
| 13           |                        | 2 SUP                       |
| 14           |                        |                             |
| 15           |                        |                             |
| 15-Day Total |                        |                             |
| 16           |                        |                             |
| 17           |                        |                             |

|            |                         |
|------------|-------------------------|
| Month/Year | Project Name (optional) |
|            |                         |

**TEMPORARY EMPLOYEE  
DAILY ACTIVITY REPORT**  
Washington State University  
Pullman, WA 99164

*Complete a new Daily Activity Report each pay period.*

This Daily Activity Report is the official accounting of your activity each paycycle and is used to generate your paycheck. Each workday enter the number of hours worked or pieces completed on this form. If you are eligible for paid sick leave, record the number of paid sick leave hours used on the applicable workday. You may use paid sick leave for the authorized purposes outlined in RCW 49.46.210(1)(b)and(c).

Ask your supervisor for submittal deadlines. **You must submit this form by the submittal deadline to be paid on the next payday.**

|                                     |                 |
|-------------------------------------|-----------------|
| WSUID Number                        | Position Number |
|                                     |                 |
| Title                               | Title Code      |
|                                     |                 |
| Employee Name (last, first, middle) |                 |
|                                     |                 |