eTIME ABSENCE REQUEST
FOR EMPLOYEES ON ASSIGNMENT TO VACANT
HIGHER LEVEL POSITION (AVHP)

Pay Period Adjustment Needed

(for use in current pay period only)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name

Note: Do not code these hours on eTime/Time Entry panel

Date (MM/DD/YY)	Type of Leave (TRC Code) (common AVHP error codes – CTT, ANN, ADM)	Number of Hours

eTime Hours Submitted: _____

Adjusted Hours from Above: _____

Total eTime Hours: _____

Employee Signature	Date

Supervisor Approval (Print Name & Sign)	Telephone	Date

Payroll Specialist Name (Print & Sign)	Telephone	Date

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Office Use Only	
Keyed By (Employee ID)	**Date**

DISTRIBUTION: Original – Central Payroll (0032)

Rev. 10/11/2024