CAREER MOBILITY HOURS BALANCE SHEET

Name of Participant:
Employee #:
Facility:

Start Date: _____ to End Date: _____ Total # of Approved Hours: _____

Work Telephone: _____ Home Telephone: _____

Instructions: This worksheet serves as an ongoing record of your Career Mobility hours for the semester. Record all Career Mobility hours used on a bi-weekly basis from the START date to the END date of the approved career mobility period noted in your approval letter, then attach a copy of this worksheet to your bi-weekly timesheet every pay period. Keep a copy of your worksheets and timesheets and maintain a copy of all of these documents. At the end of the semester, by following these instructions, you will have a final copy of all of the documents that you are required to submit for final review and authorization.
UCONN/CMHC - give biweekly report to the facility HSA or manager who approved the career mobility hours

Note: Please make additional copies of this worksheet prior to recording any information for each pay period. This will assist you in keeping track of the number of hours and the time frame that you are authorized to utilize these hours.

DATE OF CAREER MOBILITY USAGE	CAREER MOBILITY SHIFT HOURS	TOTAL CAREER MOBILITY HOURS USED ON THAT DATE	CAREER MOBILITY HOURS SUBTRACTED FROM BALANCE TOTAL
IE. 1/04/09	8A TO 12P	4 HOUR	BAL. 100 - 4 = 96
1/07/09	8A TO 12:30P	4.5 HOURS	BAL. 96 - 4.5 = 91.5

BALANCE TOTAL: _____

TRANSFER END TOTAL TO BALANCE TOTAL ON NEXT BIWEEKLY REPORT			*END TOTAL_____*

EXCEEDING PAST TOTAL APPROVED HOURS WILL CAUSE A DEDUCTION FROM YOU ACCRUED VACATION AND/OR PERSONAL LEAVE AND/OR DEDUCTION OF PAY