UNIVERSITY OF CALIFORNIA, DAVIS EMPLOYEE BIWEEKLY TIME RECORD

PAGE

OF

Payroll Period: through	
-	
Employee Name: Employee ID:	
Department Name:	
Week One	1
Week One Week Two Sun Mon Tue Wed Thur Fri Sat Total Sun Mon Tue Wed Thur Fri Sat	Total
1	
Time Worked	
Paid Time Off	
Total Paid Time	
FAU:	
2	
Time Worked	
Paid Time Off	
Total Paid Time	
FAU:	
DEPARTMENT USE ONLY - OPTIONAL SUMMARY OF LEAVE TIME PAID	
Vacation Taken	
Sick Lv Taken	
Other	
Paid Time Off Codes FOR DEPARTMENT USE ONLY	
V Vacation REG SDF OTS OTP TOC VAC SKL CTO	
S Sick Leave Account #1	
CT Comp Time Off Account #2	
H Holiday Pay TOTAL	
J Jury Duty	
I hereby certify that the time recorded is correct:	
Employee Signature: Date:	
Supervisor's Signature: Date:	