

**UNIVERSITY OF CALIFORNIA, DAVIS  
EMPLOYEE BIWEEKLY TIME RECORD**

Payroll Period: \_\_\_\_\_ through \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: \_\_\_\_\_

Week One								Week Two							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total

<b>1</b>																	Total
Time Worked																	
Paid Time Off																	
Total Paid Time																	
FAU:																	

<b>2</b>																	Total
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	
V	Vacation
S	Sick Leave
CT	Comp Time Off
H	Holiday Pay
J	Jury Duty

FOR DEPARTMENT USE ONLY								
	REG	SDF	OTS	OTP	TOC	VAC	SKL	CTO
Account #1								
Account #2								
TOTAL								

I hereby certify that the time recorded is correct:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Monthly Time Record

Funding/Distribution#: \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID#

For the Month of \_\_\_\_\_, 20\_\_\_\_

Please submit timesheet on a Case Management, "EMPLOYEE TIMESHEET CHANGES"

TICKET NO LATER THAN THE 15TH OF EACH MONTH

\*Estimated hours worked to the end of the month\*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	*Estimated hours worked to the end of the month*										Total																																			
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																													
All Hours Worked																																			0	REG																									
Actual Hours Worked 16th-31st																																			0	REG																									
Sick/Family Care																																			0	SKL																									
Vacation																																			0	VAC																									
Comp Time Used																																			0	CTO																									
Holiday Worked																																			0	HOL																									
Jury Duty																																			0																										
Shift																																																											0	SDF	
																																																												0	NDF
																											<b>Total</b>																																	0	

\*REMEMBER: Any adjustments to your timesheet must be reported with a "REVISED" timesheet with department signature for changes. Please submit revised timesheet as soon as possible

Timesheet Comments:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that no other hours have been worked except as noted above .

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\*REVISED

\*REVISED

For SSC Use Only	
CTA	
OTS	
OTP	
SDF	
LWOP	
OTS	
OTP	
OTHER	