

**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

1																	Total
Time Worked																	
Paid Time Off																	
Total Paid Time																	
FAU:																	

2																	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					
*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																											Total		0							

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	