

UNIVERSITY OF CALIFORNIA, DAVIS EMPLOYEE TIME RECORD

EMPLOYEE NAME: _____ MONTH _____ 19____
Last
First
Initial

DEPARTMENT NAME: _____ PAGE _____ OF _____

1) FUND TITLE	HOURS WORKED																															
2) ACCOUNT & FUND NUMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL

1)																																		
2)																																		
PAID ABSENCE AND/OR OVERTIME																																		

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TOTAL HOURS TO BE PAID																																	
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I hereby certify that the time recorded is correct.

EMPLOYEE SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

ABSENCE AND OVERTIME CODES	
V: VACATION	OT: OVERTIME WORKED
S: SICK LEAVE	CT: COMP TIME OFF
H: HOLIDAY	J: JURY DUTY

RECAP OR HOURS TO BE PAID			
REGULAR	OVERTIME	PREMIUM OVERTIME	TOTAL