

UCI SCHOOL OF _____ - DEPARTMENT OF _____
Biweekly Time Sheet - FY _____

NAME _____ PAY PERIOD _____
(Last Name, First Name)

PAY TITLE _____ EMPLOYEE ID# _____

hours not submitted by the due date will be processed with the next biweekly payroll

ACCOUNT/FUND INFORMATION	
<p>A</p>	
<p>B</p>	
<p>C</p>	
<u>VACATION</u>	
PREV. BAL.	_____
TAKEN	_____
EARNED*	_____
CURRENT BAL.	_____
<u>SICK LEAVE</u>	
PREV. BAL.	_____
TAKEN	_____
EARNED*	_____
CURRENT BAL.	_____
<u>COMP TIME</u>	
PREV. BAL.	_____
TAKEN	_____
CTA@1.0	_____ @1.5 _____
CURRENT BAL.	_____
<p align="center"><small>*Hours earned this month may not be taken until next month.</small></p>	

DAY	DATE	A	B	C	HDL	VAC	SKL	OTHER
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUB TOT								
TOTAL NUMBER OF HOURS FOR PAY PERIOD								
CODE FOR "OTHER" <small>CTA=Comp Time Earned; CTO=Comp Time Taken; JD=Jury Duty; BD=Blood Donation; LWOP=Leave Without Pay</small>								

I certify that the hours reported above are correct:

 Employee Signature

 Date

 Supervisor Approval

 Date