

**UCLA DEPARTMENT OF PHYSICS and ASTRONOMY
Biweekly Time Sheet**

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>*Hours earned this month may not be taken until next month.</p>	

DAY	DATE	A	B	C	HOL	VAC	SL	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" CTA=Comp Time Earned/CTO=Comp Time Taken JD=Jury Duty/BD=Blood Donation								

I certify the hours reported above are correct:

Employee Signature Date

Supervisor Approval Date

rg____
js____