

UCLA Physics & Astronomy Department Timesheet

Non-exempt Employee

Name: _____

Email: _____

UCLA ID: _____

Title Code: _____

Month/Yr:
(Max Hrs)

Account/Fund No. (%)

- 1. _____ (%)
- 2. _____ (%)
- 3. _____ (%)
- 4. _____ (%)
- 5. _____ (%)

Recharge - Account/Fund No. (%)

- 1. _____ (%)
- 2. _____ (%)
- 3. _____ (%)
- 4. _____ (%)
- 5. _____ (%)

Employee Date

Supervisor Date

Leave/Accrual Codes Legend

REG: Regular VAC: Vacation
 HOL: Holiday SKL: Sick Leave
 CTA: Comp Time Accrued BD: Blood Donation
 CTO: Comp Time Off JD: Jury Duty
 LWOP: Leave without Pay FUT: Furlough Taken

Date	REG	Other	
		Code	Hours
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			

Office Use Only:	Roster	EDLR
VAC	_____	_____
SKL	_____	_____
BD	_____	_____
CT	_____	_____
LWOP	_____	_____
FUT	_____	_____

AUDIT

LA