

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

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								
Biweekly non-exempt leave earn code key: REG: Regular hours worked; VCN: Vacation leave hourly; SIL: Sick leave hourly; JRN: Jury duty hourly; CON: Comp time hourly; A1N: Administrative leave hourly; LWOP: Leave without pay								

I certify the hours reported above are correct:

Employee Signature Date

Supervisor Approval Date

rg____
js____