

**UNIVERSITY OF CALIFORNIA DAVIS  
EMPLOYEE BIWEEKLY TIME RECORD**

Payroll Period: \_\_\_\_\_ through \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: ENTOMOLOGY

	Week One							Week Two							Total
	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
Time Worked															
Paid Time Off															
Total Paid Time															

**\*IF YOU WORK IN ANY OTHER DEPARTMENT, PLEASE FILL OUT THIS SECTION BELOW**

Department Name: \_\_\_\_\_

															Total
Time Worked															
Paid Time Off															
Total Paid Time															

DEPARTMENTAL USE ONLY - OPTIONAL SUMMARY OF LEAVE TIME PAID														
Vacation Taken														
Sick Leave Taken														
Other														

Paid Time Off Codes	
<b>V</b>	Vacation
<b>S</b>	Sick Leave
<b>CT</b>	Comp Time Off
<b>H</b>	Holiday Pay
<b>J</b>	Jury Duty

FOR DEPARTMENT USE ONLY								
	REG	SDF	OTS	OTP	TOC	VAC	SKL	CTO
Account #1								
Account #2								
TOTAL								

**I hereby certify that this time record is correct:**

(Please sign in ink)

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_