

**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	Total	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	
V	Vacation
S	Sick Leave
CT	Comp Time Off
H	Holiday Pay
J	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:** _____