UNIVERSITY OF CALIFORNIA, DAVIS
EMPLOYEE BIWEEKLY TIME RECORD

PAGE _____ OF _____

Payroll Period: _____ through _____

Employee Name: _____ Employee ID: _____

Department Name: _____

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

2																	Total
Time Worked																	
Paid Time Off																	
Total Paid Time																	
FAU:																	

DEPARTMENT USE ONLY - OPTIONAL SUMMARY OF LEAVE TIME PAID

Vacation Taken															
Sick Lv 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 the time recorded is correct:

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____