UCLA Computer Science Department

MONTHLY Time Sheet

Month	Year	Employee Number	Name (Last, First, MI)
July	2008	123-456-789	Bruin, Joe D.

Hours this month	Appointment %	Pay Rate	Employee Title
184	100	Step 12	Big Mascot

Current Regular Hours

Account / Fund #	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	%
112233-zz-45678	8	8	8				8	8	8	8	8			8	8	8	8	8			8	8	8	8	4			8	8	8	8	172	
																																0	
																																0	
																																0	
																																0	
Holiday				8																												8	
Vacation																																0	
Sick Leave																									4							4	
other (choose)																																0	
other (choose)																																0	
Totals	8	8	8	8	0	0	8	8	8	8	8	0	0	8	8	8	8	8	0	0	8	8	8	8	8	0	0	8	8	8	8	184	0

TOTAL paid this month 184

click here to re-calculate

PREVIOUS Month CHANGES ONLY for (month & year) none

Account / Fund #	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
																																0
type of change																																
																																0
type of change																																

PRIVACY NOTIFICATION: The California Information Practices Act requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting the information on this form is for payment of earnings and for maintenance of leave records pursuant to Section 9, Article IX of the State Constitution of California. Furnishing hours worked and hours on leave by account fund as requested on this leave is mandatory - failure to provide such information will delay or may even prevent payment of earnings. Information furnished on this form may be used by various University departments in the regular course of business and may be transmitted to the State and Federal governments if required by law. You have the right to review personal information about yourself in accordance with Staff Personnel Policy 605 and Academic Personnel Manual Section 195. your department official is responsible for maintaining the information contained on this form.

CERTIFICATION and SIGNATURES

I certify that the above reported hours are correct.

Employee Signature _____ Date July 21, 2008

Supervisor Signature _____ Date _____

Supervisor Signature _____ Date _____

ABSENCE and OVERTIME CODES

H - Holiday	LNP - Leave without pay
V - Vacation	OT - Overtime worked
S - Sick Leave	CTO - Comp Time Off
J - Jury Duty	CTA-Comp Time Accrued

FMLA - Family Medical Leave