



Month	Year	Employee Number		Name (Last, First, MI)	
		Appointment %	Pay Rate	Employee Title	

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	%
Holiday																																	
Vacation																																	
Sick Leave																																	
Other (choose) ▼																																	
Other (choose) ▼																																	
Totals																																	
TOTAL paid this month																																	

PREVIOUS Month CHANGES ONLY for (month & year)																																
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
type of change ▼																																
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 _____

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	