



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	%							
<b>Totals</b>																																								

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									

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