



From (begin date)	To (end date)	Employee Number	Name (Last, First, Middle Initial)
	Pay Rate	Title Code	Employee Title

Current regular hours															
Account/Fund ↓ DATES >>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL
TOTALS															

PREVIOUS Pay Period CHANGES ONLY for dates: _____

Account/Fund ↓ DATES >>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	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 & SIGNATURES

I certify that the hours reported above are correct.

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____

Supervisor Approval _____ Date _____

Work Study Students
complete section below

Award amount: _____

Hourly wage: _____

a. Total Hours available _____

Maximum 20 hours per week

b. Subtract hours worked _____

c. Total hours remaining
transfer to a) on next month sheet