

UNIVERSITY OF CALIFORNIA, LOS ANGELES
TIME REPORT

DEPARTMENT _____ MONTH _____ YEAR _____

NAME _____ PAY TITLE _____ PAY RATE _____

PROJECT _____ ACCOUNT NO. _____

DAY OF MO.	WORK PERIODS BEGINNING & ENDING HOURS						TOTAL TIME WORKED	NATURE OF WORK	OFFICE USE ONLY			
	B	E	B	E	B	E			HOLIDAY ALLOW.	VAC. ALLOW.	SICK LV. ALLOW.	TOT HRS TO BE PAID
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31												
TOTAL												

I CERTIFY THE ABOVE IS CORRECT _____ EMPLOYEE _____ DATE _____

SUPERVISOR'S APPROVAL _____ DATE _____