UNIVERSITY OF CALIFORNIA
RIVERSIDE
TIME RECORD
UPAY 100R (R05/95)

NAME _____   EMP. ID _____   MONTH/YEAR_____

DEPT. _____   PAY SCHEDULE _____   PREMIUM OVERTIME STATUS

☐ ELIG   ☐   NOT ELIGIBLE

DAY OF MO	1	2	3	4	5	6	7	8	9	10	11	DEPARTMENTAL USE
	HOURS WORKED BY FUND SOURCE			TOTAL HOURS WORKED	OVERTIME / LEAVE TIME HOURS							DESCRIPTION OF SERVICE CODES (DOS)
					OVER-TIME REGULAR	OVER-TIME PREMIUM	VACA-TION LEAVE	SICK LEAVE	COM TIME OFF	LEAVE WITHOUT PAY	OTHER LEAVE NOTE TYPE	
												REG = Regular Time
												OTP = Overtime Premium
												OTS = Overtime Straight
												VAC = Vacation Taken
												SKL = Sick Leave Taken
												CTO = Comp Time Taken
												PTO = Trip Bonus Leave Taken
1												VLA = Vacation Accrued
2												SLA = Sick Leave Accrued
3												CTA = Comp Time Accrued
4												CMP = Comp Time Paid
5												TRM = Terminal Vacation Paid
6												PTT = Terminal Trip Bonus Paid
7												
8												OTHER LEAVE TYPES
9												
10												F = Family Sick Leave
11												M = Military Leave
12												D = Death in Family Leave
13												FM = Family Medical Leave
14												N = Leave Without Pay
15												J = Jury Duty
16												E = Election Voting Time
17												H = Holiday Leave
18												O = Other
19												
20												

												REG	EARNED	TAKEN	END
21												BALANCE			BALANCE
22															
23												VACATION			
24												0.00	0.00	0.00	0.00
25															
26												SICK LEAVE			
27												0.00	0.00	0.00	0.00
28															
29												COMP TIME			
30												0.00	0.00	0.00	0.00
31															
TOTAL												TRIP 0.00	0.00	0.00	0.00

MAX VAC LIMIT _____   MAX VAC EARNED/MO _____   MAX SICK LV EARNED/MO _____

I CERTIFY THE ABOVE TIME IS CORRECT   APPROVAL(S)

_____   _____   _____
EMPLOYEE SIGNATURE

INSTRUCTION ON REVERSE SIDE   RETENTION PERIOD 5 YEARS