

**ACADEMIC SUMMER QUARTER  
COMPENSATION**

Month: (MM / YYYY)

Name: Last First

E-Mail:

UCLA ID:

Title:

Rate: \$

Ledgend/Codes	
HOL	Holiday
VAC	Vacation
SKL	Sick Leave

SHADED COLUMNS FOR PAYROLL USE ONLY					
Hours/Expense Account Allocation					
<u>Acct.</u>	<u>Dist.</u>	<u>(%)</u>	<u>RCG ID</u>	<u>FAU</u>	<u>Fund Mgr. Approval</u>
1					
2					
3					
4					
5					

<u>Date</u>	<u>Hours</u>	<u>Code</u>
1		
2		
3		
4		
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18		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
Total		

THIS SPACE FOR PAYROLL USE ONLY	
<u>Acct.</u>	<u>(%)</u>
1	
2	
3	
4	PTR
5	Special Action
Total Hours Available	

Certified by Employee:

Date:

Supervisor Approval:

Date: