

Name:

Last

First

E-Mail:

UCLA ID:

Title:

Hourly Rate: \$

SHADED COLUMNS FOR PAYROLL USE ONLY

Hours/Expense Account Allocation

<u>Acct.</u>	<u>Dist.</u>	<u>Hours</u>	<u>RCG ID</u>	<u>FAU</u>	<u>Fund Mgr.</u> <u>Approval</u>
1					
2					
3					
4					
5					

PAY PERIOD

Begin Date:

MM / DD / YYYY

End Date:

MM / DD / YYYY

<u>Weekday</u>	<u>Hours</u>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Total	

THIS SPACE FOR PAYROLL USE ONLY

<u>Acct.</u>	<u>Hours</u>
1	
2	
3	
4	
5	

WSF Hours Balance	
Available	
This PPE	
Remaining Balance	

PTR

Special Action

Total Hours Available

Certified by Employee:

Date:

Supervisor Approval:

Date: