UNIVERSITY OF CALIFORNIA
RIVERSIDE

TIME RECORD

UPAY 100R (R05/95)

NAME _____ EMP. ID _____ MONTH/YEAR _____

DEPT. Athletics PAY SCHEDULE MO PREMIUM OVERTIME STATUS

☐ ELIG ☐ NOT ELIGIBLE

	1	2	3	4	5	6	7	8	9	10	11
DAY OF MO	HOURS WORKED BY FUND SOURCE			TOTAL HOURS WORKED	OVERTIME / LEAVE TIME HOURS						
					OVER-TIME REGULAR	OVER-TIME PREMIUM	VACA-TION LEAVE	SICK LEAVE	COM TIME OFF	LEAVE WITHOUT PAY	OTHER LEAVE NOTE TYPE
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
TOTAL											

DEPARTMENTAL USE

DESCRIPTION OF SERVICE CODES (DOS)

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
VLA	=	Vacation Accrued
SLA	=	Sick Leave Accrued
CTA	=	Comp Time Accrued
CMP	=	Comp Time Paid
TRM	=	Terminal Vacation Paid
PTT	=	Terminal Trip Bonus Paid

OTHER LEAVE TYPES

F	=	Family Sick Leave
M	=	Military Leave
D	=	Death in Family Leave
FM	=	Family Medical Leave
N	=	Leave Without Pay
J	=	Jury Duty
E	=	Election Voting Time
H	=	Holiday Leave
O	=	Other

REG BALANCE	EARNED	TAKEN	END BALANCE
VACATION 0.00	0.00	0.00	0.00
SICK LEAVE 0.00	0.00	0.00	0.00
COMP TIME 0.00	0.00	0.00	0.00
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