

*David Geffen School of Medicine*  
**Bi-Weekly Timesheet**

Pay Period: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Name (last, first):	Department:
University ID:	Title:

	Su	M	Tu	W	Th	F	Sa		Su	M	Tu	W	Th	F	Sa		TOTAL
# of Hours Worked																	
# of Paid Absence Hours Taken																	
Paid Absence Code																	

**Paid Absence Codes (if applicable):**

V = Vacation
S = Sick
H = Holiday
O = Other (describe in notes section)

**Notes:**

Employee Signature:	Date:
Supervisor Signature:	Date:
Please return to:	Extension:

Timesheets are due the Monday after the biweekly pay period ends.