

**University of Florida  
Excluded USPS Employee's Time Record**

Department \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

Employee's Name \_\_\_\_\_ UFID \_\_\_\_\_

Record total hours worked or total hours covered by paid leave per day to the nearest quarter hour. Indicate type of leave used each day.

Weekly Pay Period	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Paid Leave	Hrs. Worked	Total
_____ to _____										
_____ to _____										

I certify that the above hours are correct:

Employee's Signature \_\_\_\_\_ Comp Hours Earned \_\_\_\_\_

I certify that overtime was **required** and I approve the regular compensatory time earned as shown:

Supervisor's Signature \_\_\_\_\_

*At the end of each pay period, please submit completed forms to the individual in you area responsible for leave record maintenance.*

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**Leave Codes for Recording Leave Used:**

- |    |                          |      |                                 |
|----|--------------------------|------|---------------------------------|
| H  | Holiday                  | SCU  | Special Compensatory Leave Used |
| PH | Personal Holiday         | RCU  | Regular Compensatory Leave Used |
| A  | Administrative Leave     | WIL  | Workplace Injury Leave Used     |
| V  | Vacation or Annual Leave | WC   | Workers' Compensation           |
| S  | Sick Leave               | LWOP | Leave Without Pay               |