



WESTERN UNIVERSITY OF HEALTH SCIENCES

Exempt Employee's Bi-Weekly Time Record

Employee Name _____

Period Ending _____

Vacation

Date(s) of Vacation _____

Total Vacation Days Taken _____

Sick

Date(s) of Sick _____

Total Sick Days Taken _____

Other (*Bereavement, Jury Duty, Holiday, Seminars, etc.*)

Date(s) of Absence _____ Reason _____

Date(s) of Absence _____ Reason _____

Date(s) of Absence _____ Reason _____

Employee Signature

Date

Department Head Signature

Date

Note:

- *For jury duty please attach substantiation*
- *Record holidays unless worked*
- *Partial days will not be used for payroll purposes*