



UCSD PAYROLL/PERSONNEL SYSTEM
TIMEKEEPER DATA FORM

Employee Name _____ Employee No. _____

Timekeeper Code _____ Date Prepared _____

L.A.S.R. for month Ending _____ / _____
mo yr

LEAVE BENEFIT INFORMATION:

**PREVIOUS EMPLOYMENT
BALANCE ON L.A.S.R.**

**CURRENT EMPLOYMENT
CORRECTED BALNCE**

Vacation _____

Sick _____

Comp Time _____

Reason:

New Hire

Rehire

Timekeeper Change

Balance Change **(must attach current LASR w/ annotated changes)**

Intercampus Transfer

Other (Please explain)

Comment:

Timekeeper Signature

Department

Phone No.