



**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 \_\_\_\_\_

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Employee Signature

Date

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Department Head Signature

Date

**Note:**

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