



USC LIEU TIME FORM FOR UNIONIZED STAFF

Name: _____

Operation: _____

Manager: _____

Date Submitted to HR: _____

FOR THE WEEK STARTING SUNDAY _____ AND ENDING _____
Month Day Year Month Day Year

Day	MM/DD/YY	Task	Lieu Time Hours Worked	Mgr Approval	Date Approved
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Lieu Hours:					

Employee Signature Date

Manager Signature Date

Finance Approval Date

***Completed lieu time forms must be submitted to Karla Pacheco no later than the Friday following the end date of the lieu time worked**