



USC LIEU TIME FORM FOR UNIONIZED STAFF

Name: _____
 Operation: _____
 Manager: _____
 Date Submitted to HR: _____

FOR THE WEEK STARTING SUNDAY _____ AND ENDING SATURDAY _____
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

 HR Approval Date

***Completed lieu time forms must be submitted to the Manager, HR Administration no later than the Friday following the end date of the lieu time worked**