

ADDITIONAL EMPLOYMENT TIME SHEET

ADDITIONAL LIMI LOTMENT TIME OTILLI							
Legal Last Name	Legal First Name		Account	Fund	Dept	Project	
State Payrate	per h	nour	Pay Perio	d			
(Rate must be the same as or	proved by UEC HR) (re	fer to UEC's Pa	ayroll Calen	dar)			
CSU Position		Faculty		Staff (non-			
Current CSU Appointment		Full time		Part-time			
Current State Employment		CSUSB		Other CSU			
Period Nur	mber	Period	Number	<u> </u>			
	of	Ending	of				
15th wor	rked	last day	worked				
of month ho	ours	of the month	hours				
1	16 Remarks:					s:	
2		17					
3 4		18 19					
5		20					
6		21					
7		22					
9		23 24					
10		25					
11		26					
12		27					
13		28					
14 15		29 30					
15		31					
Total Hours				ı			
Total Hours							
ALL SIGNATURE LINES MUST BE SIGNED BEFORE FORWARDING TO UEC PAYROLL							
I hereby certify under penalty of perjury that this time record fully and accurately reports all the time I have worked. As an employee I have the right to dispute my time record by submitting a written dispute to UEC HR or Payroll office if I disagree with my time record.							
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Signature of Employee				Date			
I certify that I have personal knowledge of the correctness of the hours reported herein. I certify the employee's hours worked and/or effort performed are							
in accordance with the most current Personnel Transaction Report (PTR) form on file in UEC Human Resources.							
Signature of UEC Supervisor			Date				
Payment Authorized and Conforms to CSU Overload Policies HR 2002-05 and TL-SA2003-03:							
Dean or Authorized State MPP Sign	ature	Date AAS/College \		/erification Signature Date			Date
UEC Payroll Use Only:							
Gross Wages \$ Earning Code: Ded Overrides:						rrides:	
rev'd 9'1'19							