

UEC @ CSUSB Non-Benefited/Student Timesheet Tutorial

Step-by-step guide for Non-Benefited &
Student Employees

1 Open the Timesheet

- Download the latest 'UEC Non-Benefited/ Student Timesheet' from the [UEC Payroll webpage](#).
- Save the file to your computer before entering any information.

											NON-BENEFITED/ STUDENT TIME SHEET				
Legal Last Name			Legal First Name			Student	%	Account	Fund	Dept	Project				
Last 4 digits of SSN:			Pay Period:												
SN = Sick Leave codes. Relationship codes: EE - Employee; SP - Spouse; DP - Domestic partner; P - Parent; SB - Sibling; C - Children; GC - Grandchild; GP - Grandparent.															
Period	Period	Days	Time		Sub	MB	Time		Sub	MB	SS	Total		SN	
Ending	Ending	Mon	Before Meal Period	OUT	Total	1	After Meal Period	OUT	Total	2		Regular	Overtime	Sick	Relationship
15th	last day	to	IN	OUT	Hours		IN	OUT	Hours			hours	hours	Leave	to
of month	of month	Sun												Hours	employee
The time is shown as a 24-hour clock, starting 1:00 pm, add 12 hours to the hour, e.g. 1:00 pm = 13:00; 5:00 pm = 17:00.															
1	16				-				-			-	-		
2	17				-				-			-	-		
3	18				-				-			-	-		
4	19				-				-			-	-		
5	20				-				-			-	-		
6	21				-				-			-	-		
7	22				-				-			-	-		
8	23				-				-			-	-		
9	24				-				-			-	-		
10	25				-				-			-	-		
11	26				-				-			-	-		
12	27				-				-			-	-		
13	28				-				-			-	-		
14	29				-				-			-	-		
15	30				-				-			-	-		
	31				-				-			-	-		

2 Complete Employee Information

- Fill in your Name, Last 4 of SSN, Labor Allocation, and Pay Period Dates.
- If unsure of your Account #, Project #, Fund #, or Dept #, ask your Supervisor.

Legal Last Name	Legal First Name	Student	%	Account	Fund	Dept	Project
Smith	Mary			601303	S1231	C1040	LL21321
Last 4 digits of SSN:	Pay Period:	July 1-15, 2025					

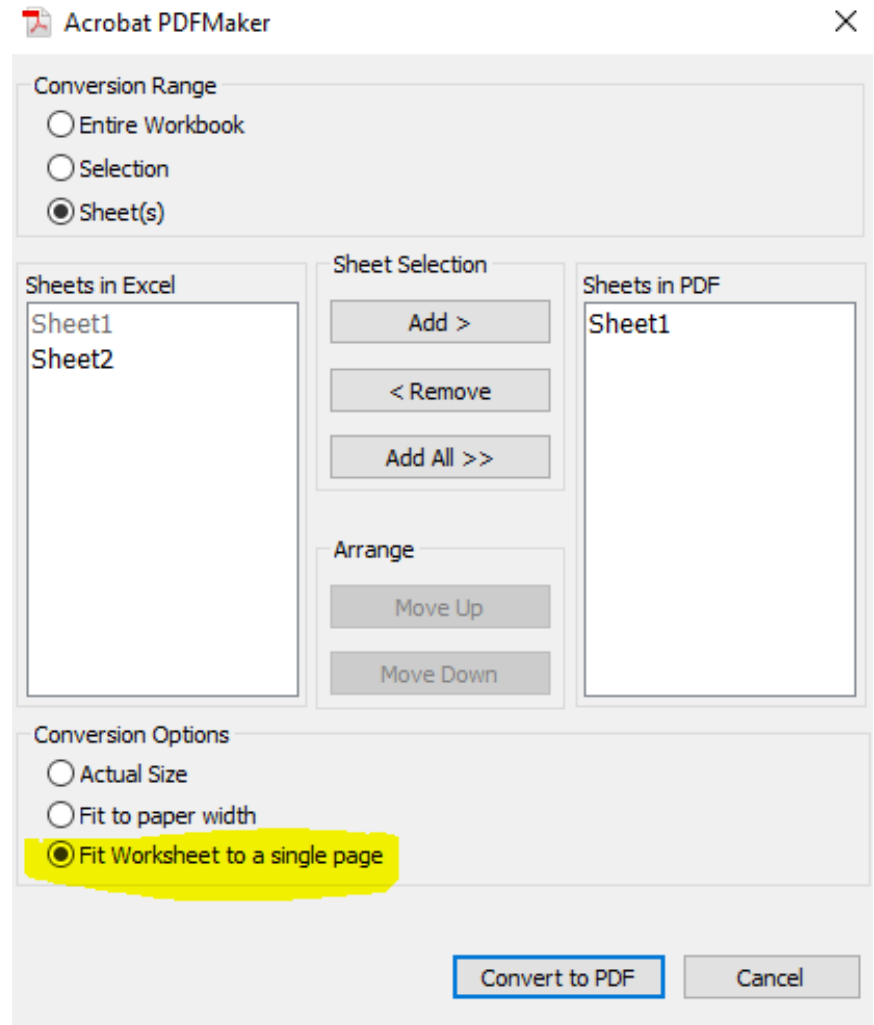
3 Enter Hours Worked

- Enter your daily Start Time, End Time, and Lunch Breaks (if applicable). **Use military time.**
- Double-check that Total Daily Hours calculate correctly.
- Ensure Total Pay Period Hours add up accurately at the bottom of the form.

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Smith				Mary						601303	S1231	C1040	LL21321		
Last 4 digits of SSN:				Pay Period:				July 1-15, 2025							
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Period Ending 15th of month	Period Ending last day of month	Days Mon to Sun	Time Before Meal Period		Sub Total Hours	MB 1	Time After Meal Period		Sub Total Hours	MB 2	SS	Total Regular hours	Overtime hours	SN Sick Leave Hours	Relationship to employee
			IN	OUT			IN	OUT							
The time is shown as a 24-hour clock, starting 1:00 pm, add 12 hours to the hour, e.g. 1:00 pm = 13:00; 5:00 pm = 17:00.															
1	16	Tues	8:00	10:00	2.00				-			2.00	-		
2	17	Wed	14:00	16:00	2.00				-			2.00	-		
3	18	Thur	8:00	10:00	2.00				-			2.00	-		
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11	26	Fri			-				-			-	-		
12	27	Sat			-				-			-	-		
13	28	Sun			-				-			-	-		
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15	30	Tues	8:00	10:00	2.00				-			2.00	-		
	31	Wed	14:00	16:00	2.00				-			2.00	-		
Total Hours			20.00									20.00	-	-	

4 Save as PDF

- Go to File → Save As → PDF.
- Use a clear file name format:
UEC TS_Last Name, First Name
Project# Pay Period.
 - Ex: UEC TS_Smith, Mary
LL21321 July 1–15, 2025



Example:

UEC TS_Smith, Mary LL21321 July 1–15, 2025

CAL STATE SAN BERNARDINO
University Enterprises Corporation

NON-BENEFITED/ STUDENT TIME SHEET

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	July 1-15, 2025						

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GC - Grandchild; GP - Grandparent.

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11	26	Fri			-				-			-	-		
12	27	Sat			-				-			-	-		
13	28	Sun			-				-			-	-		
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Total Hours			20.00									20.00	-	-	

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Employee Certification:

By signing this time sheet, I certify under penalty of perjury that the above time accurately and fully reflects the time that I worked. I have the right to dispute my time record by submitting a written dispute to the HR or Payroll Department if I disagree with my time record. I was properly provided all of the rest periods and meal periods that I was legally entitled to on each workday within the pay period unless I have expressly stated (and initialed) on this time sheet that I was not provided either a meal or rest period. I understand that I am not authorized compensatory time off in lieu of being paid overtime under any circumstances.

Signature of Employee

Date:

Supervisor Certification:

I certify that I have personal knowledge of the correctness of the hours reported herein, any overtime reported was approved by me prior to being worked and all meal and rest periods were properly provided. I certify the employee's hours worked and/or effort performed are in accordance with the most current employment authorization form on file in Human Resources.

Signature of Supervisor

Print Name:

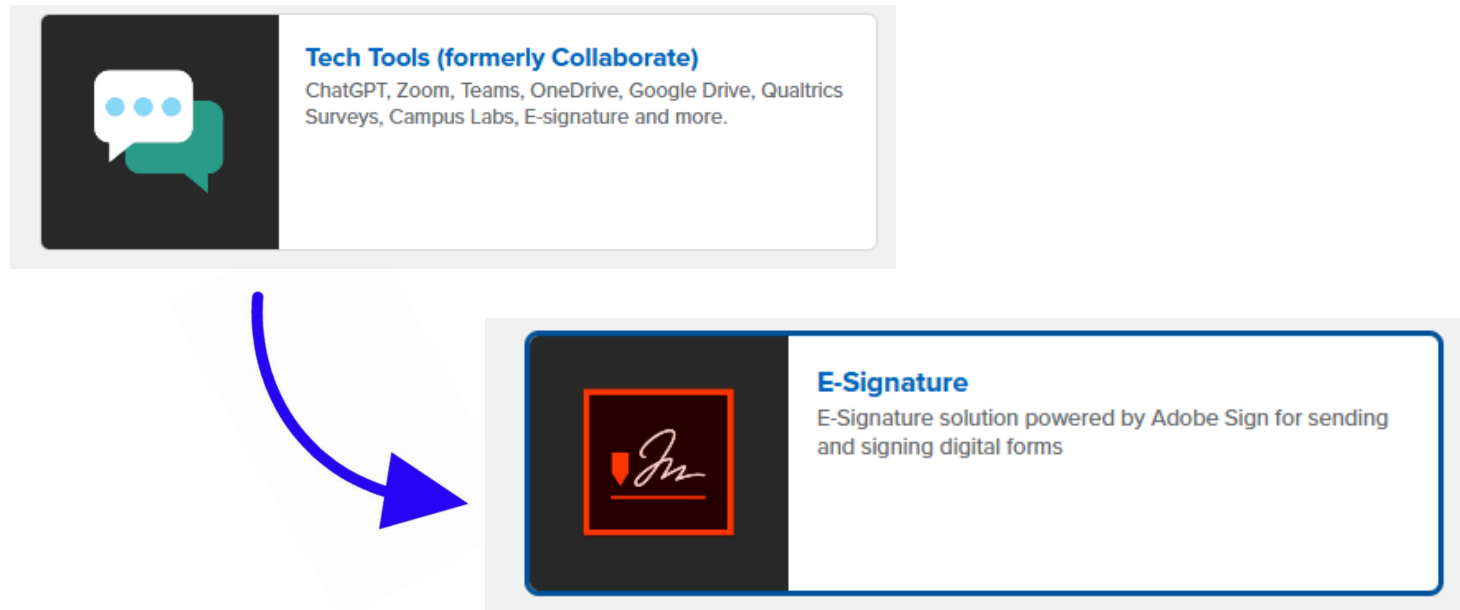
Date:

Aux Payroll use only:

Gross Wage\$

5 Upload to Adobe Sign

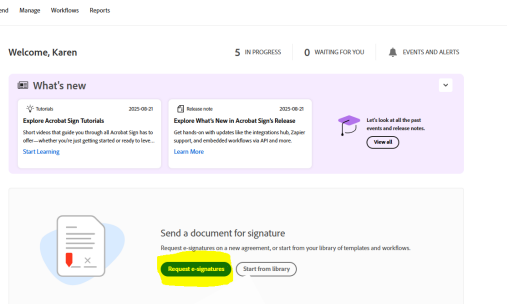
- Log into Adobe Sign using your CSUSB email.
 - Can be found by also logging onto your MyCoyote.



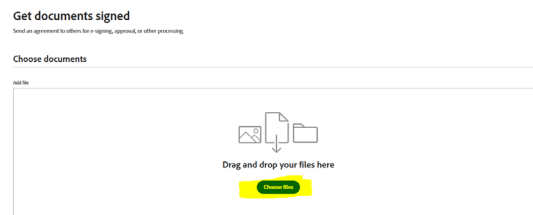
5 Upload to Adobe Sign Cont.

1. Select 'Request e-signature'
2. Select 'Choose files'
3. 'Add a file from your device'

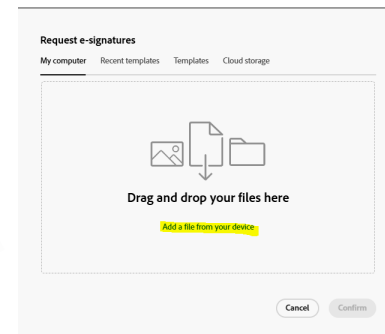
1.



2.



3.



6 Add Emails

- Click on the '+' to add signers.
- Add 'Myself' as a signer.
- Add your supervisor as a signer.
- Add a CC field, enter: uec-payroll@csusb.edu.
 - This ensures Payroll receives a copy automatically.

Add recipients ⓘ

☒ Recipients must sign in order

1

✚ Signer

Email * **Your email**

karen.solorio@csusb.edu

Recipient settings

Multi-factor authentication None | Private message None | Identity Check None

2

✚ Signer

Email * **Supervisor's email**

jessica.knotts@csusb.edu

Recipient settings

Multi-factor authentication None | Private message None | Identity Check None

+ Individual + Myself + Group

CC

These recipients will receive a copy of the completed agreement.

CC Payroll

Separate email addresses with a comma, semicolon or space

uec-payroll@csusb.edu

- Assign correct fields to yourself and supervisor.
- In this example, purple is the employee (you) and green is the supervisor.
- You have the option to assign the signature, name and date fields by clicking on each field

4	19	Fri			-		-		-	-		
5	20	Sat			-		-		-	-		
6	21	Sun			-		-		-	-		
7	22	Mon	14:00	16:00	2.00		-		2.00	-		
8	23	Tues	8:00	10:00	2.00		-		2.00	-		
9	24	Wed	14:00	16:00	2.00		-		2.00	-		
10	25	Thur	8:00	10:00	2.00		-		2.00	-		
11	26	Fri			-		-		-	-		
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15	30	Tues	8:00	10:00	2.00		-		2.00	-		
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Total Hours			20.00						20.00	-		

1 **Time sheet correction** requires the initial of the employee and supervisor. **Signature** must be signed in black/blue ink only.

2 **Rest Period:** A paid rest period of 10 minutes is authorized and shall be provided for every 4 hours worked or major fraction thereof.

3 **Meal Period:** An employee is entitled to an unpaid, off duty meal period of not less than 30 minutes when working more than 5 hours per day and shall be provided to the employee no later than the end of the employee's fifth hour of work. The unpaid meal period must be reflected on the time sheet. The employee may waive their meal period if the day's work will be completed in no more than six hours, provided the supervisor and the employee mutually consent to the waiver prior to the meal period being waived by completing a meal waiver form. For hours worked more than 10 hours per day, the employee is entitled to a second meal break which must be provided no later than the end of an employee's 10th hour of work.

By signing this time sheet, I certify under penalty of perjury that the above time accurately and fully reflects the time that I worked. I have the right to dispute my time record by submitting a written dispute to the HR or Payroll Department if I disagree with my time record. I was properly provided all of the rest periods and meal periods that I was legally entitled to on each workday within the pay period unless I have expressly stated (and initiated) on this time sheet that I was not provided either a meal or rest period. I understand that I am not authorized compensatory time off in lieu of being paid overtime under any circumstances.

Signature of Employee Date of signing (mm/dd/yyyy)

Supervisor Certification

I certify that I have personally observed the employee's hours worked and all meal and rest breaks and that the hours reported herein, any overtime reported was approved by me prior to being reported and that the employee's hours worked and/or effort performed are in accordance with the applicable law.

Signature of Supervisor Print Name: Date:

Gross Wages

1 ☒ Karen Solorio (myself) ✓

2 ☐ Jessica Knotts

- Review all fields and signer details one last time.
- Click 'Send' to start the approval process.
- Monitor the status in your Adobe Sign dashboard.

4	19	Fri			-			-			-	-		
5	20	Sat			-			-			-	-		
6	21	Sun			-			-			-	-		
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Signature of Employee _____ Date of signing (mm/dd/yyyy) _____

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Signature of Supervisor: Print Name: Date:

Aux Payroll use only:

Gross Wage\$

7

Finalize and Send Cont.

- You will be prompted to sign your timesheet.
 - ‘Click to Sign’
- After you sign, click ‘Submit’ and it will be routed to your supervisor for review and signature.
- Since, UEC Payroll is CC on the workflow, Payroll will automatically receive your completed timesheet.

UEC TS_Smith, Mary LL21321 Ju...

UEC TS_Smith, Mary LL21321 Ju...

Period Ending 15th of month	Period Ending last day of month	Days Mon to Sat	Time Before Meal Period IN OUT	Sub Total Hours	MB 1	Time After Meal Period IN OUT	Sub Total Hours	MB 2	SS	Total Regular hours	Overtime hours	SN Sick Leave Hours	Relationship to employee
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* Click to Sign

Signature of Employee

10/27/2025

Supervisor Certification:

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Signature of Supervisor

Print Name:

Date:

Aux Payroll use only:

Gross Wage\$

1 required field remaining

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10/27/2025

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Signature of Supervisor

Print Name:

Date:

Aux Payroll use only:

Gross Wage\$

Click submit to sign. By submitting, I agree to the Consumer Disclosure, and to use e-signatures.

Submit

8 Tracking and Completion

- If you forgot to CC UEC Payroll on Adobe when you sent your timesheet for signature, you will need to do the following:
 1. Download the signed PDF after your and your supervisor sign.
 2. Email it to uec-payroll@csusb.edu before the 5:00 p.m. due date.
 3. Include a clear subject line: Completed Timesheet – Your Name – Pay Period.

9 Reminders



✓ Verify all hours and totals before submitting.



✓ Submit before 5 p.m. on the payroll due date.



✓ Retain a copy for your records.



Need help?

Call 909-537-7225 or email:
uec-payroll@csusb.edu