

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 <u>UEC Payroll</u> <u>webpage</u>.
- Save the file to your computer before entering any information.

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Legal	Last Nar	ne			Legal Fir	st Nan	пе		Student	%	Account	Fund	Dept	Pı	roject
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Last	4 digits	of SS	SN:		Pay Pe	riod:									
	SN =	Sick Le	ave code	s. Relatio	nship cod	les: EE	- Employ	ee; SP - S	pouse; DP	- Don	nestic partn	er; P - Pare	nt; SB - Sibl	ing; C - Chi	ldren;
									GP - Grand	paren	t.				
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Ending	_	Mon		eal Period	Sub	MB		al Period	Sub	MB 2	SS	Regular	Overtime	Sick	Relationship
15th	last day of month	to Sun	IN	OUT	Total Hours	1	IN	OUT	Total Hours			hours	hours	Leave Hours	to employee
			own as a	24-hour		arting	1:00 pm	add 12 h		e hou	rea 1:00		; 5:00 pm =		cimpioyee
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15	30				-				-			_			
10	30				-				-			-	-		

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 Na	ne	Student	%	Account	Fund	Dept	Project
Smith	N	Mary			601303	S1231	C1040	LL21321
Last 4 digits of SSN:	Pay Period:	July 1-15, 2	2025					

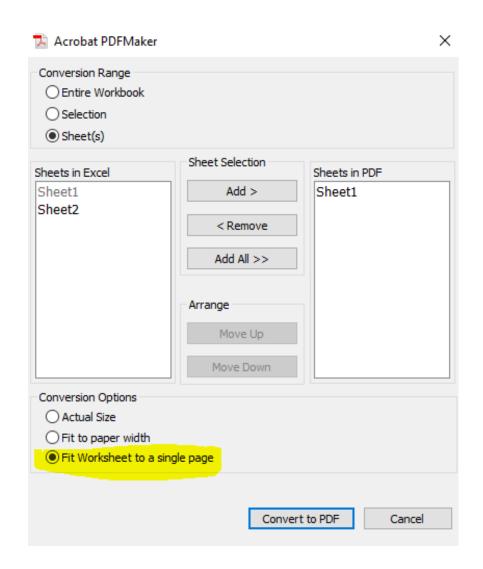
3 Enter Hours Worked

- 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.

Legal	Last Naı	me			Legal Fir	st Nan	ne				. 1		I _	_	
_									Student	%	Account	Fund	Dept	Pi	roject
Smi	ith					N	1ary				601303	S1231	C1040	LL	21321
Last	4 digits	s of SS	SN:		Pay Pe	riod:	July	1-15, 2	025						
	SN =	Sick Le	ave code	s. Relatio	nship cod	les: EE	- Employe	e; SP - S	pouse; DP	- Don	nestic partn	er; P - Pare	nt; SB - Sibl	ing; C - Chi	ldren;
					·		GC - Gra	ndchild; (GP - Grand	paren	ıt.				
Period	Period	Days	Tir	ne			Tim	ne				Total		SN	
Ending	Ending	Mon	Before Me	eal Period	Sub	MB	After Mea	l Period	Sub	MB	SS	Regular	Overtime	Sick	Relationship
15th	last day	to	IN	OUT	Total	1	IN	OUT	Total	2			١.	Leave	to
of month	of month	Sun			Hours				Hours			hours	hours	Hours	employee
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2	17	Wed	14:00	16:00	2.00				-			2.00	-		
3	18	Thur	8:00	10:00	2.00				-			2.00	-		
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			-				-			-	-		
12	27	Sat			-				-			-	-		
13	28	Sun			-				-			-	-		
14	29	Mon	14:00	16:00	2.00				-			2.00	-		
15	30	Tues	8:00	10:00	2.00				-			2.00	-		
	31	Wed	14:00	16:00	2.00				-			2.00			
To	otal Ho	urs		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

University Enterprises Corporation

Legal Last Name

NON-BENEFITED/ STUDENT TIME SHEET

Student % Account Fund Dept

Smi	th					N	1ary				601303	S1231	C1040	LL	.21321
Last	4 digits	of SS	N:		Pay Pe	riod:	Ju	ly 1-15, 2	025						
	SN	= Sick L	Leave cod	es. Relatio	onship co	des: EE						r; P - Parent	; SB - Siblin	g; C - Child	ren;
Period	Period	Days	Ti	me				randchild; me	GP - Grand	iparen	t.	Total		SN	
Endina	Ending	Mon		eal Period	Sub	мв		eal Period	Sub	мв	SS	Regular	Overtime	Sick	Relationsh
15th of month	last day	to Sun	IN	OUT	Total Hours	1	IN	OUT	Total Hours	2		hours	hours	Leave	to employe
	The time	e is sho	wn as a 24	1-hour clo	ck, startii	ng 1:00	pm, add	12 hours t	to the hour	, e.g. 1	:00 pm = 13	:00; 5:00 pr	n = 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	-		
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	-		
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10	25	Thur	8:00	10:00	2.00				-			2.00	-		
11	26	Fri			-				-			-	-		
12	27	Sat			-				-			-	-		
13	28	Sun			-				-			-	-		
14	29	Mon	14:00	16:00	2.00				-			2.00	-		
15	30	Tues	8:00	10:00	2.00				-			2.00	-		
l	31	Wed	14:00	16:00	2.00			1	_	l		2.00	_		l

- 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.

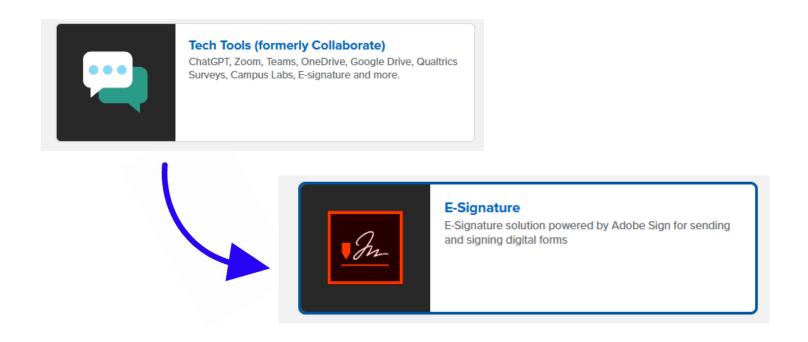
Employee Certification:

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 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 circumstance.

Signature of Employee	Date:	
Supervisor Certification:		
I certify that I have personal knowledge of the corre	ectness of the hours reported herein, any overtime reported was a	approved by me prior to being
worked and all meal and rest periods were properly	y provided. I certify the employee's hours worked and/or effort per	rformed are in accordance with
the most current employment authorization form or	i file in Human Resources.	
Signature of Supervisor	Print Name:	Date:
	Aux Payroll use only:	
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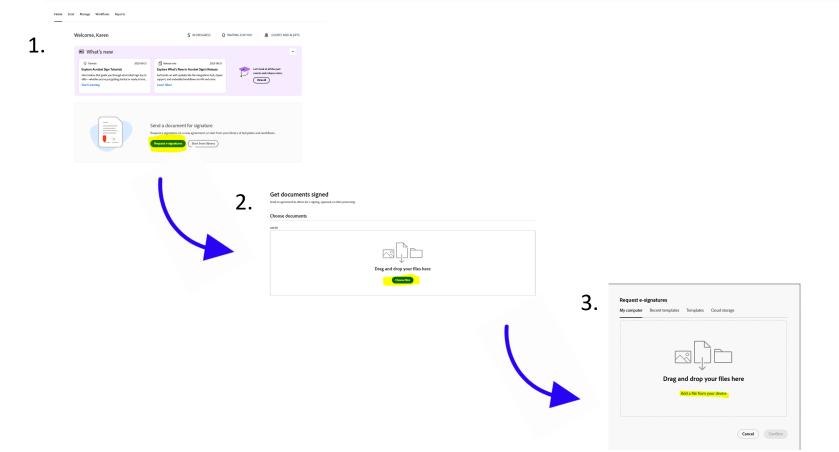
5 Upload to Adobe Sign

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



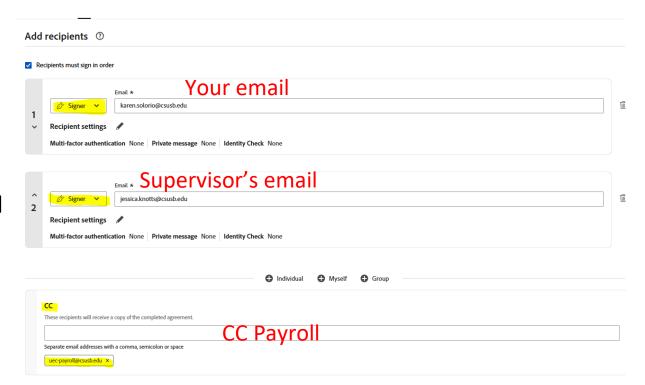
5 Upload to Adobe Sign Cont.

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



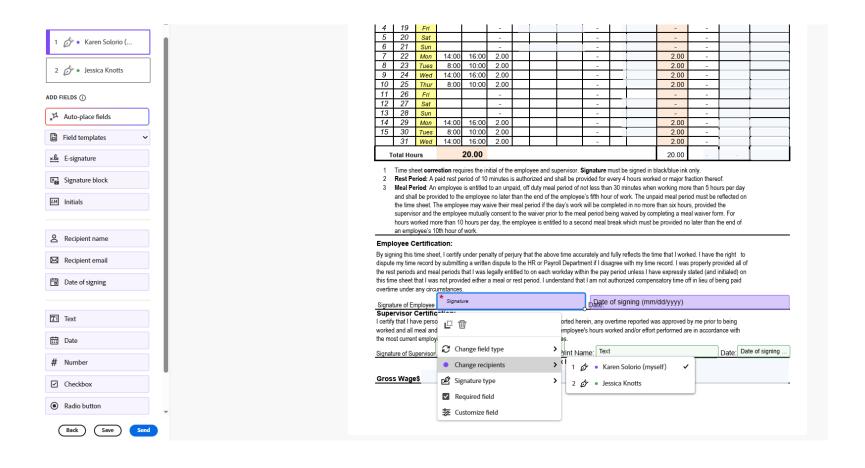
6 Add Emails

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



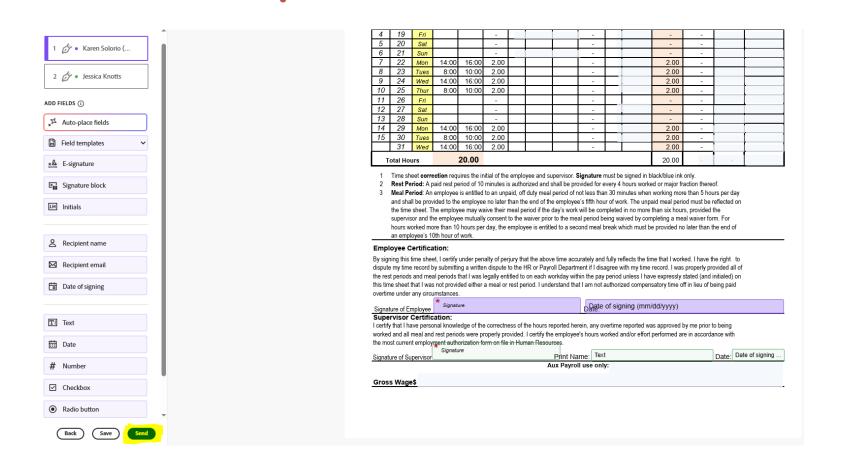
7 Finalize and Send

- 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



7 Finalize and Send Cont.

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



7 Finalizeand SendCont.

- 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...

Period	Period	Days	Tir	me			Ti	me ,				Total	_	SN	
Ending	Ending	Mon	Before Me		Sub	МВ		al Period	Sub	МВ	SS	Regular	Overtime	Sick	Relationship
15th	last day	to	IN	OUT	Total	1	IN	OUT	Total	2				Leave	to .
of month	of month	Sun			Hours				Hours			hours	hours	Hours	employee
	The time	e is sho	wn as a 24	l-hour clo	ck, startii	ng 1:00	pm, add	12 hours t	o the hour	, e.g. 1	:00 pm = 13	:00; 5:00 pr	n = 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	-		
4	19	Fri			-				-			-	-		
5	20	Sat							-			-	-		
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10	25	Thur	8:00	10:00	2.00				-			2.00	-		
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12	27	Sat			-				-			-	-		
13	28	Sun			-				-			-	-		
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	31	Wed	14:00	16:00	2.00				-			2.00	-		
Т	otal Hou	ırs		20.00				•	•			20.00	-	-	

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ignature of Employee	*	Click to Sign	

[10/27/2025

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:

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1 required field remaining

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Signature o	f Supervisor						Print Na	ime:					Date:	
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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 <u>uec-payroll@csusb.edu</u> 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