CAL STATE SAN BERNARDINO
University Enterprises Corporation

ADDITIONAL EMPLOYMENT TIME SHEET

Legal Last Name	Legal First Name	Account	Fund	Dept	Project

CSUSB Payrate _____ **Per Hour** **Pay Period** _____

(Rate must be the same as on the PTR and approved by UEC HR) *(refer to UEC's Payroll Calendar)*

CSUSB Position		**Faculty**		**Staff** (non-exempt)	**Staff** (exempt)
Current CSUSB Appointment		**Full time**		**Part-time**	

Period Ending 15th of month	Period Ending last day of the month	Number of worked hours
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	
Total Hours		0.00

Description of Work:

Remarks:

Total in Days	0.00	**FAP**
Total in Hours	0.00	**UEC PR**

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.

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 Signature Date College Analyst Verification Signature Date

UEC Payroll Use Only:

Gross Wages $_____ **Earning Code: _____** **Ded Overrides: _____**

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