

**Date:** August 2009  
**To:** Biweekly Staff and Supervisors  
**From:** Human Resources  
**Re:** Timecards and Pay Dates

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**Time cards are due by 8:30AM on Mondays following the end of the pay period!**

Please read and use the attached examples to complete your timecards. All information listed below is necessary for accurate processing of your pay check. In addition, it is important for your timecard to be submitted to Human Resources by 8:30 AM on the payroll deadline.

- (A) **Name** – This information will be preprinted on the card.
- (B) **PUID** – This is your PUID number and will be preprinted on the card.
- (C) **PERNR** – This is your PERNR number and will be preprinted on the card.
- (D) **Organizational Unit** – This is your department name and will be preprinted on the card.
- (E) **Begin Date/End Date** – This is the pay period (beginning and ending dates). See attached list for 2008-2009 pay periods.
- (F) **Attendance/Absence Codes:**
  - 1. Regular Attendance (A) – Number of hours worked. Partial hours worked are recorded in 10<sup>th</sup>'s. For example, 1 & ¼ hours is recorded as 1.3 hours. See attached schedule.
  - 2. Vacation (V) – Number of hours on vacation. Only those hours accrued will be paid.
  - 3. Sick Leave - Employee (SE) – Sick leave or medical appointments for the employee.
  - 4. Sick Leave – Family (SF) – Sick leave or medical appointments for eligible family members. Any questions, please contact Human Resources at ext: 5354.
  - 5. Holiday (H) – Number of hours on Holiday. **Please write Personal Holiday hours on line 7 and note that it is “Personal Holiday.”** If you work on a holiday, enter 8 hours on holiday line and the hours worked on the overtime line.
  - 6. Overtime (OT) – Number of hours overtime.
- (G) **Week 1 Total** – Total hours for week 1.
- (H) **Week 2 Total** – Total hours for week 2.
- (I) **2 Week Total** - Total hours for week 1 and 2.
- (J) **Cost Center** – This is the new account number to be charged and will be preprinted on the card.
- (K) **Percent** – This is the percent allocated to each cost center and will be preprinted on the card.
- (L) **Fund** – This is the new Fund number. This will be preprinted on the card for you.
- (M) **Signatures**

Timecards must be signed and in our office by **8:30 AM on Monday** following the end of the pay period to ensure that you will be paid on the next scheduled pay date. If your supervisor is not available, have the timecard signed by his/her supervisor or department head. **Timecards will NOT be processed unless both signatures are present.** You may submit your timecard to Human Resources at the end of your shift on Friday.

Thank you for your assistance in ensuring accurate processing of payroll. If you have questions about completing your timecard, please contact Human Resources at ext: 5670.

A

B

C

D

E

Name PUID PERNR Organizational Unit Begin Date End Date

PERSONNEL ACTIVITY REPORT - BIWEEKLY PAID NON-EXEMPT EMPLOYEES

F

Table with columns: Attendance/Absences, A/A, Mon, Tue, Wed, Thu, Fri, Sat, Sun, WK 1 Total, Mon, Tue, Wed, Thu, Fri, Sat, Sun, WK 2 Total, 2 Week Total. Includes handwritten entries G, H, I.

Table with columns: Comp, Cost Center, Order, WBS, Percent, Fund. Includes handwritten entries J, K, L.

I, the undersigned employee, certify that the hours worked reported above are correct and I, the undersigned supervisor certify both that the hours reported are correct and the estimated distribution of effort for the period is reasonable.

M

Employee

M

Supervisor