

INSTRUCTIONS FOR COMPLETING THE PAPER TIMESHEET

Complete all sections of the form. **Forms not filled out completely will be returned to the Department.** Refer to PPM 2-67 for additional information.

Prepared By: Please include all the information in this area. If there are any questions or missing information on the Paper Timesheet, this is who will be contacted. Omitting this information will cause delays in processing the form.

Faxed Timesheets: The Payroll Department is not responsible for duplicate payments in instances where a timesheet is faxed and the original is sent or walked in.

Payment:

- A. *Employee Name:* Enter the employee's name.
- B. *Employee ID #:* Enter the employee's ID number. (This number must be identical to the number on the PAN.)
- C. *Pay Period End Date:* Enter the pay period for which payment is to be made.
- D. *Pay Group:* Enter the employee's pay group as it appears on the PAN form.
- E. *Department:* Enter the department/org ID of the department paying the paper timesheet.
- F. *Earnings Code:* Indicate what type of hours need to be reported (i.e.: Regular, Sick, Vacation, Holiday, etc.)
- G. *Week 1 - 3:* Enter the number of hours that need to be paid for each earnings code for each week.
- H. *Total Hours:* Enter the total number of hours for each earnings code.
- I. *Rate:* Enter the hourly rate to be used.
- J. *Total Amount:* Calculate the amount to be paid by multiplying the total hours by the rate.
- K. *Chartfield:* Enter the Chartfield to be charged for these earnings.
 - BU** - Business Unit
 - Org ID** - Organization/Department ID
 - Activity/Project** - Activity or Project Number
 - Account** - Account must begin with a 5XXXX
 - A/U** - Allowable (1), Unallowable (0)
- L. *Check this box for flat rate tax calculation:* Check this box if you want the flat tax percentage applied to this payment. If this box is checked, **the payment will be made as a separate check.**

Explanation: Indicate what the timesheet is for (i.e.. Missed Kronos deadline, works in another department, new hire, etc.)

This Check Should Be Indicate what action you would like performed with the check.

Approval: The paper timesheet needs to be signed by someone in the department that has signature approval. Failure to obtain this signature will prevent this payment from been processed.

University of Utah Payroll Department Paper Timesheet

Employee Name:		Empl ID		Prep By:	
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Pay Period End Date:		Pay Group:		Dept.		Phone:	
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This timesheet has been faxed and the original WILL NOT be sent to the Payroll Department. If faxed, Payroll is not responsible for duplicate payments if original is sent too.

EMAIL:	
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Earnings Code	Week 1 Sat - Fri	Week 2 Sat - Fri	Week 3 Sat - Fri	Total Hours	Rate	Total Amount	Account Code					
							Bu	Org	Act / Proj	Acct	A/U	
REG												1
SIC												1
VAC												1
OTH												1
												1
												1

MANDATORY	
Explanation:	

This Check Should Be:		Picked up by Employee File Back Employee service center/u hosp Direct Deposit to Employee Bank (Takes an extra 1-2 business days.)	Signature of approval _____
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****Checks will be processed upon a first come first serve basis. Special checks are not guaranteed until 24 hours after the request is received by the payroll department. Any questions please email jessica.brown@hsc.utah.edu Fax numbers:5-3030 or 1-6146**