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 5-403 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 documents: Do not fax documents. Please email documents directly to your payroll specialist. The Payroll Department is not responsible for duplicate payments in instances where a request has been 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 ePAF.)

C.   *Pay Period End Date*: Enter the pay period that reflects the time the payment is being made for.

D.   *Record # : The record # of the job the hours are being paid for.*

E.   *Pay Group:* Enter the employee's pay group as it appears on the ePAF form. (i.e. HRL, GRD)

F.   *Department:* Enter the department/org ID of the department paying the paper timesheet.

G.   *Earnings Code:* Indicate what type of hours need to be reported (i.e.: Regular, Sick, Vacation, Holiday, etc.)

H.   *Week 1 - 3:* Enter the number of hours that need to be paid for each earnings code for each week.

I.   *Total Hours:* Enter the total number of hours for each earnings code.

J.   *Rate:* Enter the hourly rate to be used. (Must coincide with the ePAF hourly rate)

K.   *Total Amount:* Calculate the amount to be paid by multiplying the total hours by the rate.

L   *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)

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

In/Out Punches : Include the in and out punches for any shifts that are being reported on the paper timesheet.

Approval: The paper timesheet must be signed by someone in the department that has signature approval and can verify the payment being submitted. Failure to obtain this signature will prevent this payment from being processed.

This form is due to the Payroll Department, 250 East, 200 So., Suite 125, no later than <u>noon</u> on Sign-off Day. Form can be scanned and emailed but must be received in our office by noon.

Revised 605/17

University of Utah Payroll Department
Paper Timesheet

Employee Name:		Empl ID		Prep By:	

Pay Period End Date:		Pay Group:		Dept.		Record #		Phone:	

***Payroll is not responsible for duplicate payments if timesheet is faxed more than once.

EMAIL:

Earnings Code	Week 1 Sat - Fri	Week 2 Sat - Fri	Week 3 Sat - Fri	Total Hours	Rate	Total Amount	Bu	Org	Act / Proj	Acct	A/U
Reason for payment											
In/Out Punches											

Signature of Approval _____

Printed Name of Approver_____