

UNIVERSITY OF LOUISVILLE
PAYROLL OFFICE
MONTHLY INDIVIDUAL TIME REPORT

Employee Name: _____

Employee ID: _____

Department Name: _____

INSTRUCTIONS: This form is to be used in reporting transactions which can not be reported through the automated PAYLINE data entry processing system. TIME FOR THESE INDIVIDUALS WILL NOT BE ACCEPTED ON ANY OTHER FORM. PLEASE FURNISH ALL THE REQUESTED INFORMATION.

ATTENDANCE AND LEAVE RECORDS FOR ALL EMPLOYEES ARE TO BE REPORTED TO THE PAYROLL DEPARTMENT IN SUMMARY FORM. HOWEVER, EACH DEAN, DIRECTOR, OR DEPARTMENT HEAD MUST STILL COMPLY WITH FEDERAL AND STATE REQUIREMENTS TO INSURE THAT INDIVIDUAL ATTENDANCE AND LEAVE RECORDS ARE MAINTAINED WITHIN THE DEPARTMENT IN ACCORDANCE WITH THE FAIR LABOR STANDARDS ACT.

PAY GROUP _____ PAY PERIOD END DATE _____

Position Control Number _____

Earnings Type _____ Hours/Time _____

Earnings Type _____ Hours/Time _____

Earnings Type _____ Hours/Time _____

Comments: _____

I hereby recommend the above individual be paid in accordance with the information provided. I certify that this information is true and accurate based upon records maintained by this office, and resultant charges to accounts are representative of the effort of the individual as it pertains to the respective accounts established on the indicated position.

Please Print:

Prepared by: _____ Phone: _____ Date: _____

Authorized by: _____ Phone: _____ Date: _____