

Payroll Reporting Form for Supplemental Payroll

DATE: _____

TO: Central Human Resources Time/Leave Unit

FROM: _____
(Name)

(Facility/District/Unit)

MONTH: _____

The attached time sheets for the following employees require individual review by the Central Human Resources Unit:

<u>Printed Employee Name</u>	<u>Employee ID #</u>	<u>Reason for Time Sheet Review *</u>
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time
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_____	_____	<input type="checkbox"/> WC <input type="checkbox"/> DL <input type="checkbox"/> LWOP <input type="checkbox"/> New <input type="checkbox"/> Term <input type="checkbox"/> Part-Time

* Workers Comp; Donated Leave; Any LWOP; New Hire; Termination; Regular Part-Time (not Temporary)
(R 1/15)