



Record of Hours Worked: Short-Term Casual

See Instructions on reverse side. Do not type, use black ink, pencil or white-out.

Employee Name: _____ Department: **MEDICINE**

Employee UNI: _____ Division: _____

Hours Worked

To Be Completed by Employee						To Be Completed by Supervisor	Notes
Week Beginning (mm/dd/yyyy): ____/____/____					Hours Worked	Total Time	
In	Lunch		Out	Out			
	Out	In					
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Weekly Total Hours							
Week Beginning (mm/dd/yyyy): ____/____/____					Hours Worked	Total Time	
In	Lunch		Out	Out			
	Out	In					
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Weekly Total: Regular Hours							
Bi-Weekly Total Hours							

- Timesheets must be submitted to the Department of Medicine Payroll Office located in PH 8W-862 by 11:00AM on the scheduled due date. (If original form will be submitted directly by employee, authorized signatory must forward form in a sealed, signed envelope)
- Timesheets received after scheduled due date and time will be processed for the following bi-weekly pay period.
- Short-term casuals are paid for exact hours worked.
- Per the NYS Department of Labor, employees who work more than six hours straight must have a break of at least half an hour. (Breaks are without pay)
- Casual employees who work over 40 hours in a week must be paid overtime at time and a half.

Short-term casual employees are limited to a maximum of 560 hours or 4 months from the initial hire date, whichever comes first, in a 12 month period.

Employee Signature: _____ Date: _____

Account(s) to be Charged – Complete All Fields								
	Combo Code	%	Dept	Project	Activity	Initiative	Segment	Account (53600/54410)
1								
2								
3								
4								
Comments:								

Supervisor Name: _____ Phone: _____

Supervisor Signature: _____ Date: _____

Div Admin/Authorized Rep Signature: _____ Date: _____

Instructions for Completing Record of Hours Worked: Short-Term Casual

Employee

- Complete form in accordance to the enclosed bi-weekly pay schedule. (**Note:** *The work week begins on Monday and ends on Sunday*)
- *On a daily basis*, fill in your actual time of arrival (when you began your work day), the times you leave for and return from your meal break, your time of departure (end of work day), and the total hours you worked. (**Note:** *Total daily hours worked do not include meal breaks*)
- At the end of the bi-weekly pay period: Sign and date the form and turn it in to your supervisor.
- Your supervisor will complete the form and return a copy to you for your records.

Supervisor

- Review and verify times of arrival and departure.
- Verify authorized overtime, if any.
- Any discrepancies should be discussed with the employee. Do not erase or alter the employee's entries. Annotate the record with your corrections and review the changes with the employee.
- **In the "Bi-Weekly Summary - To Be Completed by Supervisor" section:**
 - **Enter the total number of hours worked, for the bi-weekly period, and enter account number(s) and percentage to be charged.**
 - **Enter the total number of approved overtime hours to be paid, for the bi-weekly period, and enter account number(s) and percentage to be charged.** (**Note:** *Additional signature by Division Administrator is required for overtime processing*)
- **Sign the form and give a copy to the employee for their records. Submit the original form to your Divisional Administrator/Authorized Representative**

Divisional Administrator/Authorized Representative

- Review and sign to confirm your authorization.
- **Submit to Department of Medicine Payroll Office located in PH 8W-862.** (**Note:** *If original form will be submitted directly by employee you must forward form in a sealed, signed envelope*)