CLEAR REPORT

Payroll Time and Effort Report *(Pilot V1.1 for Federal Project 1112XXX)*

Last Name:	**First Name:**	**Employee ID:**
Position:	**Department:**	
Pay Group: Select a Pay Group	**Period Start Date:**	**Period End Date:**

Actg. String	Code (Ltr)	Acct. (6 #s)	Dept. (6 #s)	Program (5 #s)	Project (7 #s)	Project Name	STM/STU Hrly Rate	Total Hours	Total Excess	Total Sick
1								3.00	0.00	0.00
2								0.00	0.00	0.00
3								0.00	0.00	0.00

Instruction: Send original to Payroll. Copies to (1) Employee; (2) Supervisor; (3) Grant Project Lead.

Pay Group	Hours Worked	Excess Hours	Sick Hours	Reporting Period	Report Due Date *(Subject to change)*	Preauthorization Document *(Must be readily available for audit)*
ADJ	✓		✓	21st – 20th	4th of each month	NOHE
CLS Extra Hours (EH)*		✓		16th – 15th	16th of each month	Prior written approval from Dean/VP
CLS Overtime (OT)**		✓		16th – 15th	16th of each month	Prior written approval from Dean/VP
FAC Overload (OL)		✓		1st – 31st	13th of each month	NOHE
STM	✓		✓	25th – 24th	25th of each month	None
STU	✓		✓	16th – 15th	16th of each month	None

*For part-time CLS, 10-mo., & 11-mo. employees to report hours in **excess** of scheduled hours, or hours worked during off-salary time.

For full-time CLS to report overtime and holiday pay hours in **excess of 8 hours per day or 40 hours per week.

Date	Actg. String	Hours Worked	Excess Hours	Sick Hours	Activity Description *(Example: Reviewed applications to select eligible students)*
3/11/26	1	3.00			
Total (Auto)		3.00	0.00	0.00	

I attest that hours and/or effort reported accurately reflect the actual work performed during the reporting period, and that this effort complies with applicable requirements.

Employee Signature:

Date:

I certify that I have first-hand knowledge of the work performed (or have verified through reliable records) that this report reasonably reflects the employee time's and/or effort.

Supervisor Signature:

Date: