



HUMAN RESOURCES - PAYROLL SERVICES

Time Record for Hourly Employees

Orgn Code: _____ Department: _____ Position #: _____

Name: _____ I.D.#: _____ Student

Use only for past pay periods.

Pay period from: _____ (DD-MON-YY) To: _____ (DD-MON-YY)

| Week Starting | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Code | | Total Hours |
|---------------|------|------|-------|------|--------|------|------|------|--------|-------------|
| | | | | | | | | Ltr | Number | |
| Regular | | | | | | | | | | |
| Overtime | | | | | | | | | | |
| *W | | | | | | | | | | |
| *Z | | | | | | | | | | |
| *Q | | | | | | | | | | |
| Other | | | | | | | | | | |
| Regular | | | | | | | | | | |
| Overtime | | | | | | | | | | |
| *W | | | | | | | | | | |
| *Z | | | | | | | | | | |
| *Q | | | | | | | | | | |
| Other | | | | | | | | | | |
| Regular | | | | | | | | | | |
| Overtime | | | | | | | | | | |
| *W | | | | | | | | | | |
| *Z | | | | | | | | | | |
| *Q | | | | | | | | | | |
| Other | | | | | | | | | | |
| Regular | | | | | | | | | | |
| Overtime | | | | | | | | | | |
| *W | | | | | | | | | | |
| *Z | | | | | | | | | | |
| *Q | | | | | | | | | | |
| Other | | | | | | | | | | |

Legend

- R - Scheduled day off
- Overtime
- E - Overtime (paid)
- Premium
- B - Consultation/Instruction Pay
- Q - Shift Premium
- T - In Charge - Aquatics
- W - Weekend Premium
- X - In Charge - Security
- Other
- A - Worker's Compensation
- H - Stat Holiday
- O - Other (explain)
- S - Standby
- U - Call Out

Remarks: _____

I certify that the attendance as recorded is correct:

Employee's Signature

Fund: _____

Orgn: _____

Acct: _____

Prog: _____

Activity: _____

Authorization: _____

Supervisor's signature
 (must have account signing authority)

Job title: _____

Start/end date: _____

Payroll Services Authorization: _____

Code **Total**
Ltr **Number** **Hours**

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

The University of Lethbridge Hourly Time Record Form Description

FORM NAME: Time Record for Hourly Employees

PURPOSE: To record all hours worked for employees paid on an hourly rate, and to allocate those earnings to the appropriate department, previously not submitted in a prior pay period.

**These sections will be completed by Payroll and Benefits.

| FIELD | DESCRIPTION |
|--------------------------|---|
| **Orgn Code: | Fill in the organization code from the Chart of Accounts. |
| **Department: | State the department for which work was completed. Hours worked for another department must be recorded on separate time sheet. |
| **Position #: | This number will be completed by Human Resources. If you do know your position number, please enter it. |
| Name: | Fill in your complete name. If your name has changed, go to Human Resources, Payroll Services, or the Registrar and fill in a <i>Name Change Form</i> . |
| ID: | Fill in your University of Lethbridge identification number. |
| Social Insurance #: | Fill in your social insurance number. |
| Student: | Check this box if you are currently a student. |
| Pay Period From: | If you started your job part way through the month, enter the date that you first worked, otherwise leave the 16th as the first day of the period. Fill in the month with the first three letters of the name of the month. Enter the year. |
| To: | If your job ended part way through the month, enter the date that you last worked, otherwise leave the 15th as the last day of the period. Fill in the month with the first three letters of the name of the month. Enter the year. |
| Week Starting: | For each week worked, list Sunday's date. |
| Regular: | List the number of hours worked that day. Mark your regular day off by placing an "R" in the appropriate day. |
| Overtime: | Record hours worked in excess of 7 hours (7.5 or 8 for defined groups) per day, or worked on your regular scheduled day of rest. |
| Overtime: | |
| E Paid OT: | Record overtime hours worked in the current pay period that have been authorized for which you will be paid. |
| Premium codes: | |
| B Consultation: | Record the number of hours worked as a PE Facility Assistant I or II providing fitness consultation, if this is not your primary job. |
| K Instruction Pay: | Record the number of hours worked as a Lifeguard/Instructor I or II instructing swimming lessons, if this is not part of your regular job. |
| Q Midnight Shift: | Record the number of hours worked between 11 pm and 4:59 am, if majority of shift falls between these hours. |
| T In Charge - Aquatics: | Record the number of hours worked as a Senior Lifeguard on duty, if not part of your regular job. |
| W Weekend Premium: | Record the number of hours worked on the weekend between 12 am on Saturday and 11:59 pm on Sunday. |
| X In Charge - Security: | Record the number of hours worked as Senior Security Officer on duty, if not part of your regular job. |
| Z Afternoon Shift: | Record the number of hours worked between 3 pm and 10:59 pm, if majority of shift falls between these hours. |
| Other: | |
| A Workers' Compensation: | List the number of hours absent due to an accident or illness that was reported to Workers' Compensation Board. |
| H Stat Holiday: | List the number of hours that you worked on a statutory holiday. |
| M Medical Appointment: | List the number of hours away from work while at a medical appointment. |
| O Other (Explain): | List any other time that you have worked that does not fall into any of the above categories. |
| S Stand By: | List the number of hours designated to be immediately available to return to work when not on regular duty. |
| U Call Out: | List the number of hours called from home to work outside of normal working hours. |
| **Total Hours: | Total the number of hours that you have worked in each week by pay type. |
| Remarks: | List reasons for all hours worked that you have designated as "other". If you are to be paid out overtime from previous periods, mark it here. |
| Employee's Signature: | Sign the form. |
| Fund, Orgn, Acct, Prog: | Enter the accounting distribution from the chart of accounts provided by Financial Services. |
| Supervisor's Signature: | Signature of supervisor with authorized signing authority for this account. |
| Job Title: | Write down the job title of the position you hold. |
| Start/End Date: | Indicate the date that you started this job. If you know the end date, mark this in as well. |
| Hourly Rate: | Mark in your hourly rate of pay. |

**These sections will be completed by Payroll.