

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
TIME REPORTING FORM

See reverse side for instructions - Use blue or black ball point pen (no pencil/no red ink)



Pay Period Start: 4/16/18

Pay Period End: 4/30/18

CSULB ID#: 013462772

EUNG

AINGTY

Last Name

First Name

MI

EMPLOYEE TYPE:

☒ NON-EXEMPT (HOURLY)

☐ EXEMPT (SALARY - only record VAC/OPA used)

Check the box to indicate whether 1 st or 2 nd pay period being paid	<input type="checkbox"/> 1 st period	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hours by Type	Grand Total
	<input checked="" type="checkbox"/> 2 nd period	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

CLASSIFIC	FUND	DEPT ID	PROJECT	PROG	CLASS	TYPE OF HOURS	1.00	3.50	4.50	2	1.00	4.50	3.00	5.00	24.50	24.50
N4412	G1981	00328	G198117200			REG	1.00	3.50	4.50	2		1.00	4.50	3.00	5.00	24.50
N4412	G1981	00328	G198117200			SIC										
Total Daily Hours							1.00	3.50	4.50	2	1.00	4.50	3.00	5.00	24.50	24.50

CODES: H-Holiday; JD-Jury Duty; Reg-Regular; VAC-Vacation; OPA-Other Paid Absences; O.T.-Overtime; B-Bereavement; LOA-Leave of Absence; SIC-Sick Leave; DT-Double Time
* All time cards must be delivered to the CSULB Research Foundation and date/time stamped by 5:00 PM on the day following the last day of the pay period.

☐ Employee no longer employed by my project as of _____



EMPLOYEE CERTIFICATION: I certify that I have complied with all Foundation policies.

Non-Exempt (Hourly) Staff and Student Staff - I certify that I have taken all required breaks and meal periods during the pay period covered by this time card. I understand that I must provide a written report of any missed breaks and/or meal periods to the Foundation Associate Director of Human Resources within five (5) business days of the date this time card is due. I certify that the hours stated above are accurate and represent all hours actually worked by me during the subject time period.

Student employees certify that for the 32 weeks of the fall and spring semesters, they have not worked more than twenty (20) hours per week in total for CSULB and its auxiliary employers including the CSULB Research Foundation.

Exempt Staff - I certify that the hours indicated above accurately reflect my time away from work and that the effort distribution is a reasonable representation of my work effort during this pay period.

Payroll Use Only

Non-Exempt employees - I certify that the work was performed under my supervision.
Exempt employees - I approve the absence of this employee during the hours recorded on this report and concur with the above distribution of effort.

I certify that the information stated above is correct and I approve the cost to the project(s) indicated.

Director's or Authorized Administrator's Name (Please Print)

Katrina April 4-27-18
Supervisor's Signature Date

Project Director's or Authorized Administrator's Signature (Required) Date

AINGTY 4/25/18
Employee's Signature (Required) Date

Introduction of *Mytilus* before *Macoma* shells in the

☐ **Exhibit (SVFRA - only record/attach required)**

AMG 11

COMBINATION SECURITY
-01500115-