

HOURLY TIME AND EFFORT REPORT
CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY FOUNDATION

| EMPLOYEE INFORMATION | |
|--|----------------|
| Employee Name (Last, First MI): Gillette, Tyler | Auxiliary ID: |
| University E-Mail Address: tgillette@mail.fresnostate.edu | Employee Type: |

** Payroll Overload Approval Form Required*


| PAY PERIOD INFORMATION | |
|------------------------|------------------|
| Current Year: 2020 | Current Month: 9 |

| HOURS WORKED | | | | | | | |
|--------------|----------|----------|---------|----------|-----------|------|------|
| Date | Time In | Time Out | Time In | Time Out | Total Hrs | ST | OT |
| 16th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 17th | 5:00 PM | 9:30 PM | | | 4.50 | 4.50 | 0.00 |
| 18th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 19th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 20th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 21st | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 22nd | 12:00 AM | 12:00 AM | | | 0.00 | 0.00 | 0.00 |
| 23rd | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 24th | 5:00 PM | 9:30 PM | | | 4.50 | 4.50 | 0.00 |
| 25th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 26th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 27th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 28th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 29th | 12:00 AM | 12:00 AM | | | 0.00 | 0.00 | 0.00 |
| 30th | 5:30 PM | 9:30 PM | | | 4.00 | 4.00 | 0.00 |
| 31st | 12:00 AM | 12:00 AM | | | 0.00 | 0.00 | 0.00 |

| SICK LEAVE USED | | | | | |
|-----------------|------------|--|------|------------|------------|
| Date | Hours Used | | Date | Hours Used | Total Sick |
| | | | | | |
| | | | | | |
| | | | | | 0 |

| POSITION AND COST CENTER (CC) | | | |
|-------------------------------|-----------------------------|---------------------|---------------|
| Position: | UG Student Assistant | Hourly Rate of Pay: | \$13.00 |
| CC Name: | ART HISTORY VIRTUAL REALITY | CC No/Obj/Sub: | 360464.9532.2 |

| COMPENSATION SUMMARY | | | | | |
|--|-------|---------|----------|-------------------|----------|
| | Hours | Rate | Total | OVERVIEW | |
| Straight Time: | 53.00 | \$13.00 | \$689.00 | Total Hours: | 53.00 |
| Sick Time: | 0.00 | \$13.00 | \$0.00 | Total Sick Hours: | 0.00 |
| Overtime: | 0.00 | \$19.50 | \$0.00 | Total Wages: | \$689.00 |
| For flat rate compensation, please click here <input type="checkbox"/> Flat Rate Amount: _____ | | | | | |
| <i>Please attach written justification for all flat rate compensation requests.</i> | | | | | |

| EMPLOYEE CERTIFICATION | |
|---|-------------------|
| I hereby certify under penalty of perjury that I have worked all hours indicated above and that all effort included in this report was performed exclusively for the grant, contract, agreement, or account application associated with the cost center indicated on this form. Furthermore, I certify that I have received all meal and rest breaks to which I was legally entitled and that all overtime worked was approved prior to the work being performed. | |
|  EMPLOYEE SIGNATURE | 9/30/2020 DATE |

| SUPERVISOR CERTIFICATION | | |
|---|----------------------|------|
| I hereby certify that I have verified and authorized the hours worked as stated above, believe them to be a true and accurate representation of effort, and affirm that sufficient money is on deposit with the Auxiliary Corporations to pay this voucher. | | |
| SUPERVISOR NAME | SUPERVISOR SIGNATURE | DATE |