

HOURLY TIME AND EFFORT REPORT

CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY FOUNDATION

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

* Payroll Overload Approval Form Required

PAY PERIOD INFORMATION	
Current Year:	Current Month:
2020	8

HOURS WORKED							
Date	Time In	Time Out	Time In	Time Out	Total Hrs	ST	OT
16th					0.00	0.00	0.00
17th					0.00	0.00	0.00
18th					0.00	0.00	0.00
19th					0.00	0.00	0.00
20th					0.00	0.00	0.00
21st					0.00	0.00	0.00
22nd					0.00	0.00	0.00
23rd					0.00	0.00	0.00
24th					0.00	0.00	0.00
25th					0.00	0.00	0.00
26th					0.00	0.00	0.00
27th	5:00 PM	10:45 PM			5.75	5.75	0.00
28th	4:30 PM	9:30 PM			5.00	5.00	0.00
29th	5:30 PM	9:30 PM			4.00	4.00	0.00
30th	12:00 AM	12:00 AM			0.00	0.00	0.00
31st	5:00 PM	11:00 PM			6.00	6.00	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:	20.75	\$13.00	\$269.75	Total Hours:	20.75
Sick Time:	0.00	\$13.00	\$0.00	Total Sick Hours:	0.00
Overtime:	0.00	\$19.50	\$0.00	Total Wages:	\$269.75

For flat rate compensation, please click here ☐ Flat Rate Amount: _____

Please attach written justification for all flat rate compensation requests.

EMPLOYEE CERTIFICATION	
<p>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.</p>	
 EMPLOYEE SIGNATURE	8/31/2020 DATE

SUPERVISOR CERTIFICATION		
<p>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.</p>		
SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE