



# University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

## EMPLOYEE SERVICES

Pay Period BEGIN Date: \_\_\_\_\_

Pay Period END Date: \_\_\_\_\_

HRMS Empl ID: \_\_\_\_\_ Job Record \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ (if applicable)  
 Employee Type: ☐ Hourly Student ☐ 6-Month Temporary Staff  
 Dept/Agency: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Dept Phone: \_\_\_\_\_  
 Hourly Pay Rate: \$ \_\_\_\_\_

FUNDING SOURCE(S) FOR HOURS WORKED			
Speedtype: _____	0.00%	Hours: _____	
Speedtype: _____	0.00%	Hours: _____	
Speedtype: _____	0.00%	Hours: _____	
Speedtype: _____	0.00%	Hours: _____	
Speedtype: _____	0.00%	Hours: _____	
Total % (must equal 100%)		0.00%	Total hrs 0.00

Work Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Time IN (1)									
Time OUT (1)									
Time IN (2)									
Time OUT (2)									
Time IN (3)									
Time OUT (3)									
Regular Hours (REG)	-	-	-	-	-	-	-	REG	-
Overtime Hours (OTM)	-	-	-	-	-	-	-	OTM	-
Other: (specify Earn Code)									-

Work Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Time IN (1)									
Time OUT (1)									
Time IN (2)									
Time OUT (2)									
Time IN (3)									
Time OUT (3)									
Regular Hours (REG)	-	-	-	-	-	-	-	REG	-
Overtime Hours (OTM)	-	-	-	-	-	-	-	OTM	-
Other: (specify Earn Code)									-

Totals for Pay Period Ending:			Pay Run ID:
Regular Hours:	REG		Comments:
Overtime Hours:	-		
Other (specify Earn Code):	-		

**OVERTIME ELIGIBILITY:** This job classification is eligible for overtime and/or compensatory time payment. Any overtime or compensatory time worked MUST have supervisory approval in advance, and will be paid at the rate of one and one-half times my regular rate. Failure to receive advance approval for overtime or compensatory time worked may result in a corrective or disciplinary action which may include termination of University employment.

By signing below, both employer and employee certify that:  
 (1) The hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period. All overtime earned or taken as compensatory time was reported and approved by my supervisor, and the work was performed in a satisfactory manner.  
 (2) The Speedtype identified above are appropriate to pay these hours, and the percentage of time attributed to each reflects the actual effort expended on the project(s) specific to the Speedtype listed.  
 (3) If applicable, student employee is enrolled in the proper number of credit hours, pursuant to campus specific student employment guidelines.

\_\_\_\_\_  
 Employee Signature Date 7/30/20

\_\_\_\_\_  
 Supervisor or Signing Delegate Signature Date

\_\_\_\_\_  
 Pay Authorized By (if different than supervisor) Date