## Upload the completed form by submitting an inquiry to Human Resources: umassd.edu/hr



Contact Person:
Phone Number:
E-mail:

☐ Student ☐ No	on-student										
Employee Name											
(Last, First, MI) Employee ID:						Empl Rec #:					
Department:						Department ID:					
Combo Code:						Hourly Rate:					
- -						(Students o	only)				
CHOOSE ONE:	☐ Correcti	ng Previo	usly Rep	orted Time	e 🗌 Co	rrecting T	ime in Sl	JMMIT	☐Time	Never Submitte	
Time Reporting Code	Combo Code *Override only*	*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat	*Total	Week Ending Date (Saturday)	
Report hours in decimal Dnly Use Combo Code		ish to overri	de the com	bo code and	charge tim	e to a differe	ent account				
his payroll has been prosted has been certified to too the steen authorized and appoint this department for seven Comments:	he Controller thro proved by the app	ough the payr ropriate man	oll system fo ager to supp	r payment.  Tl ort amounts p	nis certifies aid. This ai	hat time and a thorization ar	attendance f nd approval	for each empl	oyee is on file in t	his department and	
orms that are receiv aat are received in H aat fall into this situ:	luman Resou	rces after	payday M	AY be pro	cessed fo						
Employee Signature:						Date:					
Supervisor Signature:											

Double-click the signature field to e-sign with Adobe PDF from a computer. Do not click "edit".