HOURLY PAYROLL REPORTING FORM

UND **HRMS**

University of North Dakota - Payroll Office - 312 Twamley Hall - 264 Centennial Drive Stop 7127, Grand Forks, ND 58202-7127

EMPL ID	LAST NAME		FIRST NAME		M.I.	POS #
						XXXXXXX

DEPT #	DEPARTMENT NAME			PERIOD BEGINNING	PERIOD ENDING
1040	ATHLETICS			January 16, 2017	January 31, 2017

First Week / Week Totals

Day	Date	In	Out	In	Out	Hours	Combo Code	Ern Cd	Hours
Sun	Pre.Per								
Mon	1/16/17	4:00 PM	7:00 PM			3.00	Yes Worked U17000-1040-O	H01	19.00
Tue	1/17/17								
Wed	1/18/17								
Thu	1/19/17	9:00 AM	5:00 PM			8.00			
Fri	1/20/17	9:00 AM	5:00 PM			8.00			
Sat	1/21/17								
						19.00			19.00

Second Week / Week Totals

Day	Date	In	Out	In	Out	Hours	Combo Code	Ern Cd	Hours
Sun	1/22/17	4:00 PM	7:00 PM			3.00			
Mon	1/23/17	10:00 AM	1:00 PM			3.00	U17000-1040-O	H01	32.00
Tue	1/24/17	10:00 AM	1:00 PM	2:00 PM		3.00			
Wed	1/25/17								
Thu	1/26/17	10:00 AM	12:00 PM	2:00 PM	9:30 PM	9.50			
Fri	1/27/17								
Sat	1/28/17	11:00 AM	9:30 PM			10.50	No Break		
						29.00			32.00

Third Week / Week Totals

Day	Date	In	Out	In	Out	Hours	Combo Code	Ern Cd	Hours
Sun	1/29/17								
Mon	1/30/17	12:00 PM	5:00 PM			5.00	U17000-1040-O	H01	7.00
Tue	1/31/17	3:00 PM	5:00 PM			2.00			
Wed	Per. End								
Thu	Per. End								
Fri	Per. End								
Sat	Per. End								
						7.00			7.00

Fourth Week / Week Totals

Day	Date	In	Out	In	Out	Hours	Combo Code	Ern Cd	Hours
Sun	Per. End						U17000-1040-O	H01	
Mon	Per. End								
						0.00			0.00

Total Pay Period Hours Worked	**55.00**	<-----These Totals must Equal----->	**58.00**

Earnings Code (Ern Cd) List (Partial) - See Earnings Code list on Web for Complete List

H01 Regular Pay	H30 Sick Leave	H34 Holiday	H37 Jury Duty	
H03 Overtime	H31 Dep Sick	H35 Funeral	H33 Comp Time Taken	
H14 Workstudy	H32 Annual Leave	H36 Military Lv-Pd	H53 Comp Time Earned	

Dept Contact Person Bert Klamm Phone: 7-2713

I certify that this is a true statement of hours worked for the University of North Dakota and leave taken during the payroll period listed.

_____ _____   _____ _____
Employee Signature Date Supervisor Signature Date

Form with Formulas-Revised 7/1/2011