|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **ubclogo_black** |  Financial Operations |  | Pay Group |  |  | Pay Period End Date |       |
|  |   |  |  |  |  |  |  |  |  |  |  |
|  |  Payroll Sheet | Speedchart & Acct |       |
|  |  |  |  |
| Actual Hours Worked |  | OTHER EARNINGS(HRS. or $ - not both) |
| 1 | EMPLOYEE ID | (Hrs. in Decimal)¼ hour = .25 |
| 2 | EMPLOYEE NAME | HRLYRATE |  |  | BEGIN DATE | END DATE | CODE | HRS. | $ |
| 3 | JOB NAME / GRADE / STEP | REG | O/T | DEPT | JOB CODE | YR | MM | DD | YR | MM | DD |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 2 |       |       |       |  |       |      |       |    |    |    |     |    |    |  |       |       |
| 3 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
|  |
| 1 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 2 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 3 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
|  |
| 1 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 2 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 3 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
|  |
| 1 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 2 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
| 3 |       |       |       |  |       |      |       |    |    |    |    |    |    |  |       |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Totals:** |       |       |  | **Totals:** |       |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Reason for Pay:** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Holder’s Name:** |  | **Signature:** |  | **Date:** |       |
| **Authorizing Name:** |  | **Signature:** |  | **Date:** |       |
| **Contact Name:** |  | **Contact Phone:** |  | **Contact Email:** |  |
| **Dean/AVP:** |  | **Signature:** |  | **Date:** |       |

**If completing by hand, *please print clearly Note: faxed timesheets from on-Campus and hospital locations are not accepted – no exceptions***