APPENDIX A: MONTHLY TIME RECORD

[See example on the following page]
**UNIVERSITY OF CALIFORNIA**  
**RIVERSIDE**  
**TIME RECORD**  
**UPAY 100R (R05/95)**

<table>
<thead>
<tr>
<th>DAY OF MO.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOURS WORKED</td>
<td>TOTAL HOURS WORKED</td>
<td>OVERTIME / LEAVE TIME HOURS</td>
<td>DEPARTMENTAL USE</td>
<td>DESCRIPTION OF SERVICE CODES (DOS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BY FUND SOURCE</td>
<td>BY FUND SOURCE</td>
<td>OVERTIME REGULAR</td>
<td>OVERTIME PREMIUM</td>
<td>VACATION LEAVE</td>
<td>SICK LEAVE</td>
<td>COMP TIME OFF</td>
<td>LEAVE WITHOUT PAY</td>
<td>OTHER LEAVE (NOTE TYPE)</td>
<td>REG</td>
<td>OTP</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>REG</td>
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<td></td>
<td></td>
<td></td>
<td>REG</td>
<td>OTP</td>
</tr>
</tbody>
</table>

**BEG. BALANCE** | **EARNED** | **TAKEN** | **END BALANCE**

<table>
<thead>
<tr>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

**MAX VAC LIMIT** | **MAX VAC EARNED/MO** | **MAX SICK LV EARNED/MO**

**I CERTIFY THE ABOVE TIME IS CORRECT**

**APPROVAL(S)**

**EMPLOYEE SIGNATURE**

**INSTRUCTIONS ON REVERSE SIDE**

**RETENTION PERIOD 5 YEARS**
INSTRUCTIONS

This time record is used to report attendance information for payroll purposes. University policy requires that this record be maintained accurately. The employee's name should be printed on the "name" line at the top of the form and the employee should sign the form at the bottom. Any erasures or changes should be initialed. All columns should be totaled.

The standard work schedule is 8 hours per day on 5 consecutive days from 8 a.m. to 5 p.m. excluding 1 hour for lunch. If you have questions regarding this portion of the time record your supervisor will explain how it should be filled out.

REPORTING

Exception Time Reporting: The normal method of keeping time records is on an exception basis and requires that only exceptions to the employee's work schedule be entered on the Time Record. Employees record exception hours in the proper columns. For employees who are exempt from the Fair Labor Standards Act (FLSA) provisions regarding premium overtime and compensatory time off, holiday, vacation, sick leave and other leaves are recorded in one-day increments only (or in increments not less than that portion of a day during which an employee on less than full-time pay status is normally scheduled to work) in column 6, 7, 9, 10 and 11. For employees subject to FLSA, all leave time must be reported to the next quarter hour in columns 5 and 8. The Time Record should be approved by the employee's immediate supervisor.

Positive Time Reporting: The Time Record provides columns 1, 2, 3 and 4 in which an employee records regular hours worked in addition to the exceptions noted above. For FLSA non-exempt employees, time work is reported to the nearest quarter hour. The Time Record should be approved by the employee's supervisor.

Employees who are exempt from FLSA do not receive overtime compensation or compensatory time off. Employees who are non-exempt from FLSA are eligible for premium overtime for hours worked which exceed forty hours of actual work in a workweek or equivalent compensatory time off.

TIME RECORDING

You will note that the first day of the month is printed on the 8th line of the form. Since, in many cases, your Time Record must be submitted prior to the end of the pay period in order to prepare pay checks, the first seven lines are provided to record any exceptions to your established work schedule not reported on your time record for the previous month.

If you are required to use the positive time reporting method, please record the total hours worked each day in the corresponding days of the month under column 4, e.g., if you worked 8 hours on the 14th of the month, then write "8" in the corresponding box for the 14th of the month. If your salary is supported by more than one fund source (and you are required to report your time worked by fund source for internal management reasons or because you are paid from a non-Federal award which requires such reporting) identify those funds in the headings of columns 1 and 2 (and 3 if applicable) and enter in each column the number of hours worked each day that were applied to these funds.

If your salary is paid from a Federal grant or contract you must complete a Personnel Activity Report (PAR) certifying the percent of your total effort applicable to each Federal agreement. In such cases it is not also necessary to report on the Time Record the hours of work applicable to each Federal fund source. The total hours worked may be reported under column 4 if you are required to report your time using the positive method.
APPENDIX B: PAYROLL CALENDAR

PAYROLL CALENDAR, 3RD QUARTER – 1996

TO: ALL DEPARTMENTS
FROM: PAYROLL OFFICE
RE: PAYROLL CALENDAR (File for Future Use)

Payroll/Personnel changes MUST be processed by the due dates.
Timesheets MUST be returned to the Payroll Office by 12:00 PM on the
due dates. Employee Identification Number changes MUST be processed
through the Payroll Office.

This calendar is also available on Gopher under Campus Administration,
Admin. Dept. Information, Accounting Services, Payroll.

<table>
<thead>
<tr>
<th>1996 (3rd QTR)</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXIMUM WORKING HOURS</td>
<td>184</td>
<td>176</td>
<td>168</td>
</tr>
</tbody>
</table>

Monthly Current = MO. Monthly Arrears = MA.

PAF CUTOFFS

DATABASE CHANGES TO AFFECT:
1. Pre-printed MO Timesheets 7/16 8/15 9/13
2. Pre-printed MA Timesheets 7/19 8/20 9/18
3. MO Check Write 7/25 8/23 9/24
4. MA Check Write 8/1 8/30 10/1

TIMESHEET CUTOFFS
1. MO Timesheets Mailed Out 7/18 8/19 9/17
2. MO Timesheets Due In Payroll 7/23 8/22 9/20
3. MA Timesheets Mailed Out 7/23 8/22 9/20
4. MA Timesheets Due In Payroll 7/29 8/28 9/27
5. P/R Expense Transfer Forms 7/29 8/28 9/27

CHECK DATES (PAYDAYS)
1. MO 8/1 8/30 10/1
2. MA 8/7 9/6 10/7

ENTRY/UPDATE (E/U) AVAILABILITY
1. E/U Not Available 7/1 8/2 9/3
2. E/U Not Available 7/26 8/26 9/25

Payroll Calendar

- To determine the last day to enter time in the current time reporting window,
  look for the next closure date relative to today's date.

- To determine which cycle to use for scheduling an adjustment transaction, look
  at the pay cycle and pay period end date that correspond to the next closure
date relative to today's date.

- "Blackout Days" for PPS EDB Update users do not pertain to on-line time
  reporting.
APPENDIX C: ON-LINE PAYROLL TRANSACTION DEPARTMENTAL
PRE-APPROVAL DOCUMENT

[See example on the following page.]
## Payroll Expenditure

### Single Transfer

**UPAY 773 (R7/94)**

**Reason Codes (RC)** (Enter Reason Code Below): The services were not originally charged to this account for the following reasons:

- **A.** Late receipt of information that services were performed under the account being charged. One-time expenditure adjustment employee is not expected to perform services again under this account. Form UPAY 560 (PAF) is not required.
- **B.** Late receipt of information that services were performed under the account being charged. Employee is expected to perform services again under this account.
- **C.** Other. Explain below.

### Employee Information

<table>
<thead>
<tr>
<th>Employee ID (PPS530)</th>
<th>Transfer Code</th>
<th>ET</th>
<th>MO</th>
<th>ET</th>
<th>PG</th>
<th>ET</th>
<th>LN</th>
<th>LOC</th>
<th>Account</th>
<th>Cost Center</th>
<th>Fund</th>
<th>Project</th>
<th>Sub</th>
<th>Hours % to Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>TS</td>
<td></td>
<td>1</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>15</td>
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<td>21</td>
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<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Transfer Code</th>
<th>ET</th>
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<th>PG</th>
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<th>LN</th>
<th>LOC</th>
<th>Account</th>
<th>Cost Center</th>
<th>Fund</th>
<th>Project</th>
<th>Sub</th>
<th>Hours % to Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>9</td>
<td>10</td>
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</table>

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Transfer Code</th>
<th>ET</th>
<th>MO</th>
<th>ET</th>
<th>PG</th>
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<th>Account</th>
<th>Cost Center</th>
<th>Fund</th>
<th>Project</th>
<th>Sub</th>
<th>Hours % to Transfer</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>1</td>
<td>9</td>
<td>10</td>
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<td>16</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Other Explanatory Information

**Departmental**

Departmental payroll and time records have been corrected to support and justify the above adjustments including those necessary to support Federal Contracts and Grants reporting requirements.

**FED. Contract and Grant**

Approval signatures must be Principal Investigator, Department Chairperson or other academic official.

**Reason Code**

Individuals authorized to sign Form UPAY 560 (PAF) must also sign this form.

**Authorized Signature**

Date

**Authorized Signature**

Date

**Authorized Signature**

Date

**Authorized Signature**

Date

**For Accounting Office Review and Approval**

Signature

Date

**Note:** Accounting 5 yrs subject to contract and grant requirements.
APPENDIX D: FORM UPAY 646

[See example on the following page.]
# Payroll Personnel Payroll Expenditure Transfer

**UPAY646 (R8/94)**

**Page**

**Campus**

**Department Name**

**Recorded**

**Prefix or Service No.**

**Date Prepared**

**Prepared by**

**Signature**

**Telephone Extension**

---

**Employee ID:**

<table>
<thead>
<tr>
<th>SEQ. NUMBER</th>
<th>ID</th>
<th>E1</th>
<th>E2</th>
<th>E3</th>
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**PPSS302 DIST OF PAY EXP:**

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<th>EMPLOYEE ID</th>
<th>ET M.</th>
<th>ET O.</th>
<th>ET L.</th>
<th>LOC</th>
<th>ACC</th>
<th>COST CENTER</th>
<th>FUND</th>
<th>PROJECT</th>
<th>SUB</th>
<th>REL</th>
<th>TYPE</th>
<th>DUC</th>
<th>TITLE CODE</th>
<th>WR.</th>
<th>DD.</th>
<th>YY</th>
<th>PAY PERIOD END</th>
<th>DESC</th>
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<th>PAY RATE</th>
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<td>53</td>
<td>102</td>
<td>76</td>
<td>85</td>
<td>72</td>
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**Employee Name:**

**HRS % OF TIME TO TRANSFER:**

**TRANSFER FROM (CREDIT):**

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<th>ET O.</th>
<th>ET L.</th>
<th>LOC</th>
<th>ACC</th>
<th>COST CENTER</th>
<th>FUND</th>
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<th>SUB</th>
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<th>TYPE</th>
<th>DUC</th>
<th>TITLE CODE</th>
<th>WR.</th>
<th>DD.</th>
<th>YY</th>
<th>PAY PERIOD END</th>
<th>DESC</th>
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<th>PAY RATE</th>
<th>ORIGINAL GROSS EARNINGS</th>
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<td>102</td>
<td>76</td>
<td>85</td>
<td>72</td>
</tr>
</tbody>
</table>

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**Employee Name:**

**HRS % OF TIME TO TRANSFER:**

**TRANSFER TO (DEBIT):**

---

**DEPARTMENTAL CERTIFICATION AND APPROVAL**

(For adjustments involving Federal contracts and grants, certification and approval signatures must include that of the principal investigator, department chairperson, or other academic official).

**DEPARTMENTAL**

Departmental payroll and time records have been corrected to support and justify the above adjustments including those necessary to support Federal Contracts and Grants reporting requirements.

**AUTHORIZED SIGNATURE**

**DATE**

**AUTHORIZED SIGNATURE**

**DATE**

---

**REASON CODE A**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>One-time expenditure adjustment: employee is not expected to perform services again under this account/fund. (PAF not required). Explain below.</td>
</tr>
<tr>
<td>2</td>
<td>Employee is expected to perform services again under this account/fund. (Please attach copy of PAF). Explain below.</td>
</tr>
<tr>
<td>3</td>
<td>Other. Explain below.</td>
</tr>
</tbody>
</table>

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**APPENDIX B**

For Accounting Office Review and Approval

**SIGNATURE**

**DATE**

---

For Accounting Office Review and Approval

**SIGNATURE**

**DATE**