

Time and Effort

A new Time and Effort sheet should be completed for each extra duty pay activity

All hours must be approved by the administrator of the identified budget sources before working the extra duty pay activity

Employee Name: _____

Employee ID Number: _____

Regular Position: _____

Regular Work Hours: _____

Building: _____

Requested Activity (Full, specific description): _____

Total Hours of Time and Effort Requested: _____

Employee Signature: _____ Date: _____

Date	Activity	Time Begin	Time End	Actual Hours	Unpaid Hours to be subtracted (lunch or breaks)	Total Hours to Be Paid

Administrator Approval (Signature): _____ Date Approved: _____

For Administrative Use Only

Budget funding source NAME (building/dept) for Payment of Time and Effort: _____

Budget Key and Object CODE for Payment of Time and Effort: _____