



**Personnel Action Form
and
Time Keeping Guidelines**

Presenters:

**Human Resources, Corporate Compliance
and Business Office/Payroll**

Personnel Action Form

- Old Memorandum of Employment (MOE) Forms are no longer applicable.
- Introduction of New Form – Personnel Action Form (PAF)
- Instructions on Completing the New PAF
- Questions

Old Forms - Memorandum of Employment (MOE)

- Full-Time Faculty
- Full-Time Staff
- Faculty Overload/Part-Time Lecturer/Adjunct Faculty
- Temporary Staff
- Stipends



New Personnel Action Form (PAF)

The new Personnel Action Form replaces all the MOE forms. This form will be an all-in-one form for hiring employees with the exception of College Work Studies.

Fair Labor Standards Act (FLSA)

- U.S. Department of Labor (DOL)
Wage and Hour Division



Who is covered under FLSA?

Employee classification	Covered under FLSA	Not covered under FLSA
Exempt Full-Time		X
Faculty		X
Non-Exempt Full-Time	X	
Half Time Employees	X	
Part-Time Employees	X	
Student Employees	X	
Temporary Employees	X	

UTB/TSC Handbook of Operating Procedures

- HOOP 7.4.14 Overtime
- HOOP 8.2.2 Working Hours and Rest Periods
- HOOP 8.2.7 Time Records, Paycheck, Payday
- HOOP 8.3.2 Sick Leave
- HOOP 10.6 Vacations and Other Leaves

Pay Periods

- Semi-monthly – Half-Time, Part-Time, Temporary, and Student Employees
- Monthly – Full-Time Employees

Minimum Wage:

- \$7.25/hour effective July 24, 2009

Workweek

Monday 12:00 a.m. – Sunday 11:59 p.m.

Each workweek **stands alone**; therefore, actual hours worked per work week must be reported for that work week to determine minimum wage and overtime status in compliance with FLSA Reg. 29 CFR Part 516.



Overtime

FLSA Overtime: Non-exempt employees who work in excess of 40 hours in a workweek must be compensated at a rate of 1 ½ times for **actual** hours over 40.

ID #: 123456		Name: John Doe				Department: Bus Office										
JUNE 2009		Hours Worked										Hours Worked	Absent	Code		
		IN		OUT		IN		OUT		IN					OUT	
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M			
1	MONDAY	8		12		1		5						9:00		
2	TUESDAY	8		12		1		7						10:00		
3	WEDNESDAY	8		12		1		5						9:00		
4	THURSDAY	8		12		1		6						9:00		
5	FRIDAY	8		12		1		5						9:00		
6	SATURDAY															
7	SUNDAY															
Total Hours		REG		40.00		OT		3.00		ST				43.00		43.00
OT & ST Hours to be Paid						PAY				PAY				CT Hrs Earned		4.50



Overtime (continued)

State Overtime: Allows state employees to be compensated at a rate of 1 times the regular rate for each hour of overtime.

Example

D #:		123456		Name:		John Doe		Department:		Business Office						
Hours Worked																
JUNE 2009		IN		OUT		IN		OUT		IN		OUT		Hours Worked	Absent	Code
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M			
1	MONDAY	8		12		1		5						8:00		
2	TUESDAY														8.00	S
3	WEDNESDAY	8		12		1		7						10:00		
4	THURSDAY	8		12		1		5						8:00		
5	FRIDAY	8		12		1		5						8:00		
6	SATURDAY															
7	SUNDAY															
Total Hours		REG		32.00		OT				ST		2.00		34.00	8.00	42.00
OT & ST Hours to be Paid						PAY				PAY				CT Hrs Earned		2.00

Compensatory **Time Off**: Allows state employees to take time off at the rate it was earned.

Compensatory **Time Paid**: Allows state employees to receive pay at the rate it was earned.



Compensation for Overtime (continued)

Limitation of Comp & Overtime- Maximum Accrual

Non-Exempt Employees

240 Straight Time Hours of FLSA Overtime
(which is 160 times 1 ½).

Campus Police

480 hours of FLSA Overtime
(which is 320 times 1 ½).

Employees are not allowed to work over 40 hours without the written pre-approval of the Vice President for Business Affairs, Rosemary R. Martinez (HOOP 7.4.14).

Full-Time Employees

- 15 minutes during the first four hours and last four hours of a normal workday as long as the rest periods do not interfere with the performance of immediate responsibilities.

Part-Time Employees

- After three hours of work.

Note: Rest periods may not be used to extend lunch, delay starting time, leave early or to be accumulated. This time is considered working time for purposes of pay. No clocking out is required (HOOP Policy 8.2.2).

Sick Leave:

- Full-Time employees accrue 8 hours per month.
- Hours carry forward to the next fiscal year without limit.
- Sick Leave must be recorded on the employee's Timecard and a *Staff Absence Report* must be submitted (HOOP 8.3.2).

Vacation Time Accrual

- Full-time employees accrue annual leave (vacation) for each month or fraction of a month of employment based on the total length of state service.
- Employees must have six (6) months of continuous state employment before they can use accrued annual leave.
- All full-time employees must record their absence on an absence report and non-exempt employees must also report it on their timecard (HOOP 10.6.1).

Failure to Pay Wages

An employer commits an offense under the Labor Code Provision for failure to pay wages - Section 61.019.

Penalties for Falsification and Improper Certification of Time Cards

It is a Class A misdemeanor for knowingly making a false entry or altering government records (timecard) – Texas Penal Code Section 37.10.

A. Employees

- Accurately record time-in and time-out for purposes of establishing paid working time.
- Accurately complete and submit time card to immediate supervisor prior to payroll time card deadline.
- Non-exempt employees are not allowed to work over 40 hours without the written pre-approval of the Vice President for Business Affairs, Rosemary R. Martinez (HOOP 7.4.14).

B. Supervisors

- Verify that the employees are properly and accurately recording time worked.
- Verify that time cards are accurately completed and submitted to the payroll area by the timecard deadline.
- Comply with HOOP 7.4.14 by verifying that written approval of overtime hours (either to be paid or earned as compensatory time) has been received from the Vice President for Business Affairs **before** allowing employees to work overtime.

Procedures to fill out a time card

Semi-Monthly Time Card



- College Work-Study
- Part-Time
- Student Initiative
- Temporary

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHMOST COLLEGE

SEMI-MONTHLY TIME CARD

ID #: _____ Name: _____ Account #: _____ @ _____ % Account #: _____ @ _____ %

1st Semi-Monthly

Sep. 1-15, 2009

DAY	DAY OF WEEK	Hours Worked						Hours Worked	Regular Hours	Overtime Hours
		IN H M	OUT H M	IN H M	OUT H M	N H M	OUT H M			
31	MONDAY									
1	TUESDAY									
2	WEDNESDAY									
3	THURSDAY									
4	FRIDAY									
5	SATURDAY									
6	SUNDAY									
Total Hours										0

7	MONDAY									
8	TUESDAY									
9	WEDNESDAY									
10	THURSDAY									
11	FRIDAY									
12	SATURDAY									
13	SUNDAY									
Total Hours										0

14	MONDAY									
15	TUESDAY									
Total Hours										0

1st Semi-Monthly Pay Period Summary

I certify that the time herein is true and correct to the best of my knowledge and that work time was reviewed by me on a weekly basis and is in accordance with University policy.

Employee (Print Name) _____ Employee Signature _____ Date _____

Supervisor (Print Name) _____ Supervisor Signature _____ Date _____

2nd Semi-Monthly

Sep. 16-30, 2009

DAY	DAY OF WEEK	Hours Worked						Hours Worked	Regular Hours	Overtime Hours
		IN H M	OUT H M	IN H M	OUT H M	N H M	OUT H M			
14	MONDAY									
15	TUESDAY									
16	WEDNESDAY									
17	THURSDAY									
18	FRIDAY									
19	SATURDAY									
20	SUNDAY									
Total Hours										

21	MONDAY									
22	TUESDAY									
23	WEDNESDAY									
24	THURSDAY									
25	FRIDAY									
26	SATURDAY									
27	SUNDAY									
Total Hours										

28	MONDAY									
29	TUESDAY									
30	WEDNESDAY									
Total Hours										

2nd Semi-Monthly Pay Period Summary

Total Hours worked 1st payperiod: _____
Total Hours worked 2nd payperiod: _____

Semester: Fall
Total Hours awarded: _____
Total Hours previously reported: _____
Total Hours current balance: _____
Total Hours new balance: _____



Semi-Monthly Time Card

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHWEST COLLEGE

SEMI-MONTHLY TIME CARD

College Work-Study
 Part-Time
 Student Employee
 Temporary

ID#: _____ Name: _____ Account #: _____ @ _____ % Account #: _____ @ _____ %

1st Semi-Monthly Sep. 1-15, 2009												
		Hours Worked						Hours Worked	Regular Hours	Overtime Hours		
DAY	DAY OF WEEK	IN	OUT	IN	OUT	N	OUT					
31	MONDAY											
1	TUESDAY											
2	WEDNESDAY											
3	THURSDAY											
4	FRIDAY											
5	SATURDAY											
6	SUNDAY											
Total Hours										0		
7	MONDAY											
8	TUESDAY											
9	WEDNESDAY											
10	THURSDAY											
11	FRIDAY											
12	SATURDAY											
13	SUNDAY											
Total Hours										0		
14	MONDAY											
15	TUESDAY											
Total Hours										0		

2nd Semi-Monthly Sep. 16-30, 2009												
		Hours Worked						Hours Worked	Regular Hours	Overtime Hours		
DAY	DAY OF WEEK	IN	OUT	IN	OUT	N	OUT					
14	MONDAY											
15	TUESDAY											
16	WEDNESDAY											
17	THURSDAY											
18	FRIDAY											
19	SATURDAY											
20	SUNDAY											
Total Hours												
21	MONDAY											
22	TUESDAY											
23	WEDNESDAY											
24	THURSDAY											
25	FRIDAY											
26	SATURDAY											
27	SUNDAY											
Total Hours												
28	MONDAY											
29	TUESDAY											
30	WEDNESDAY											
Total Hours												


1st Semi-Monthly Pay Period Summary	2nd Semi-Monthly Pay Period Summary
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I certify that the time herein is true and correct to the best of my knowledge and that work time was reviewed by me on a weekly basis and is in accordance with University policy.

Employee (Print Name) _____ Employee Signature _____ Date _____

Supervisor (Print Name) _____ Supervisor Signature _____ Date _____ Ext. _____

Total Hours worked 1st payperiod: _____
 Total Hours worked 2nd payperiod: _____
 Semester: Fall _____
 Total Hours awarded: _____
 Total Hours previously reported: _____
 Total Hours current balance: _____
 Total Hours new balance: _____



- College Work-Study
- Part-Time
- Student Initiative
- Temporary

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHMOST COLLEGE

SEMI-MONTHLY TIME CARD

ID #:
Name:
Account #:
@
% Account #:
@
%

1. **Employee Type:** Select one of the four employee categories.
2. **ID #:** **Employee Identification Number**
3. **Name:** Insert your name as it is on file at Human Resources (first name, middle initial and last name).
4. **Account #:** Insert account number (the 14 digit Datatel account number) and **percentage pay distribution** as given to you by your designated supervisor or account manager.



Part-Time Staff Time Card

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHWEST COLLEGE
 PART-TIMER, COLLEGE WORK STUDY and STUDENT EMPLOYMENT TIME CARD

Part-Time
 Work Study
 Student Employment

ID#: _____ Name: _____ Account#: _____ @ _____ % Account#: _____ @ _____ %

1st Semi-Monthly
Apr 1-15, 2009

DAY	DAY OF WEEK	Hours Worked						Hours Worked	Regular Hours
		IN	OUT	IN	OUT	N	OUT		
H	M	H	M	H	M	H	M	H	M
30	MONDAY								
31	TUESDAY								
1	WEDNESDAY								
2	THURSDAY								
3	FRIDAY								
4	SATURDAY								
5	SUNDAY								
Total Hours									

2nd Semi-Monthly
Apr 16-30, 2009

DAY	DAY OF WEEK	Hours Worked						Hours Worked	Regular Hours
		IN	OUT	N	OUT	IN	OUT		
H	M	H	M	H	M	H	M	H	M
13	MONDAY								
14	TUESDAY								
15	WEDNESDAY								
16	THURSDAY								
17	FRIDAY								
18	SATURDAY								
19	SUNDAY								
Total Hours									

6	MONDAY								
7	TUESDAY								
8	WEDNESDAY								
9	THURSDAY								
10	FRIDAY								
11	SATURDAY								
12	SUNDAY								
Total Hours									

20	MONDAY								
21	TUESDAY								
22	WEDNESDAY								
23	THURSDAY								
24	FRIDAY								
25	SATURDAY								
26	SUNDAY								
Total Hours									

13	MONDAY								
14	TUESDAY								
15	WEDNESDAY								
Total Hours									

27	MONDAY								
28	TUESDAY								
29	WEDNESDAY								
30	THURSDAY								
Total Hours									

1st Semi-Monthly Pay Period Summary

2nd Semi-Monthly Pay Period Summary

I certify that the time reported is true and correct to the best of my knowledge and that work time was reviewed by me on a weekly basis and is in accordance with University policy.

Employee (Print Name) _____

Supervisor (Print Name) _____

Employee Signature _____

Supervisor Signature _____

Date _____

Date _____

Ext. _____

Semester: _____

Total Hours worked 1st pay period: _____

Total Hours worked 2nd pay period: _____

Total Hours awarded: _____

Total Hours previously reported: _____

Total Hours current balance: _____

Total Hours new balance: _____

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Week Beginning and Hours Worked

5

1st Semi-Monthly		Hours Worked						Hours Worked	Regular Hours				
June 1-15, 2009		IN		OUT		IN				OUT			
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M		
1	MONDAY	8		12	03							4:03	
2	TUESDAY												
3	WEDNESDAY												
4	THURSDAY												
5	FRIDAY												
6	SATURDAY												
7	SUNDAY												
Total Hours								4.00	4.00				

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- Week Beginning:** Will be automatically indicated on the new time card format.
- Hours Worked:** Report work time in and out daily (hours and minutes).
Example:
 Employee came in at 8:00 and left for lunch at 12:03.



Weekly Hours Worked

7. **Weekly Hours Worked:** The time card will automatically add hours and minutes daily and convert them to military time at the end of that week.

1st Semi-Monthly June 1-15, 2009		Hours Worked						Hours Worked	Regular Hours				
DAY	DAY OF WEEK	IN		OUT		IN				OUT			
		H	M	H	M	H	M	H	M	H	M		
1	MONDAY	8		12	03							4:03	7
2	TUESDAY												
3	WEDNESDAY												
4	THURSDAY												
5	FRIDAY												
6	SATURDAY												
7	SUNDAY												
Total Hours												4.00	4.00

Min. on Timecard	Rounds to	Examples:
0 – 7	0 minutes	4.03 hrs = 4.00
8 – 22	15 minutes	4.13 hrs = 4.15
23 – 37	30 minutes	4.32 hrs = 4.30
38 – 52	45 minutes	4.39 hrs = 4.45
53 – 60	1 hour	4.59 hrs = 5.00

1st Semi-Monthly Sep. 1-15, 2009		Hours Worked												Hours Worked	Regular Hours	Overtime Hours
DAY	DAY OF WEEK	IN		OUT		IN		OUT		IN		OUT				
		H	M	H	M	H	M	H	M	H	M	H	M			
31	MONDAY	8		12	03	1	05	3	04					6:02	8	
1	TUESDAY	8	02	12		1		2	05					5:03		
2	WEDNESDAY	8		12		1		2						5:00		
3	THURSDAY	9		12										3:00		
4	FRIDAY															
5	SATURDAY															
6	SUNDAY															
Total Hours														19:00	19:00	0

8. Regular Hours: The timecard will automatically add the number of regular hours worked from Monday-Sunday.

Note: Each employee should keep track of the limit of hours to work each week according to their Employee Type status.



Total Hours Worked

1st Semi-Monthly Pay Period Summary	47.00	47.00	
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9. Total Hours Worked: Calculates total regular hours for the pay period.



Semi-Monthly Staff Time Card

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHWEST COLLEGE
 PART-TIMER, COLLEGE WORK STUDY and STUDENT EMPLOYMENT TIME CARD

Part-Time
 Workstudy
 Student Employment

ID#: _____ Name: _____ Account#: _____ @ _____ % Account#: _____ @ _____ %

1st Semi-Monthly Apr 1-15, 2009		Hours Worked						Hours Worked	Regular Hours
DAY	DAY OF WEEK	IN H:M	OUT H:M	IN H:M	OUT H:M	N H:M	OUT H:M		
30	MONDAY								
31	TUESDAY								
1	WEDNESDAY								
2	THURSDAY								
3	FRIDAY								
4	SATURDAY								
5	SUNDAY								
Total Hours									
6	MONDAY								
7	TUESDAY								
8	WEDNESDAY								
9	THURSDAY								
10	FRIDAY								
11	SATURDAY								
12	SUNDAY								
Total Hours									
13	MONDAY								
14	TUESDAY								
15	WEDNESDAY								
Total Hours									

2nd Semi-Monthly Apr 16-30, 2009		Hours Worked						Hours Worked	Regular Hours
DAY	DAY OF WEEK	IN H:M	OUT H:M	IN H:M	OUT H:M	N H:M	OUT H:M		
13	MONDAY								
14	TUESDAY								
15	WEDNESDAY								
16	THURSDAY								
17	FRIDAY								
18	SATURDAY								
19	SUNDAY								
Total Hours									
20	MONDAY								
21	TUESDAY								
22	WEDNESDAY								
23	THURSDAY								
24	FRIDAY								
25	SATURDAY								
26	SUNDAY								
Total Hours									
27	MONDAY								
28	TUESDAY								
29	WEDNESDAY								
30	THURSDAY								
Total Hours									

1st Semi-Monthly Pay Period Summary

2nd Semi-Monthly Pay Period Summary

I certify that the time reported is true and correct to the best of my knowledge and that work time was reviewed by me on a weekly basis and is in accordance with University policy.

Employee (Print Name)	Employee Signature	Date	
Supervisor (Print Name)	Supervisor Signature	Date	Ext.

Total Hours worked 1st pay period: _____
 Total Hours worked 2nd pay period: _____
 Semester: _____
 Total Hours awarded: _____
 Total Hours previously reported: _____
 Total Hours current balance: _____
 Total Hours new balance: _____



College Work-study: Semester and Total Hours Awarded

This section applies to Work-study and Student Initiative Employees only.

Total Hours worked 1st pay period:	54.00
Total Hours worked 2nd pay period:	36.00
Semester: Fall	11
Total Hours awarded:	200.00
Total Hours previously reported:	50.00
Total Hours current balance:	150.00
Total Hours new balance:	60.00

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- 10. Total Hours Worked in Pay Period:** Calculates total hours worked for the appropriate pay period.
- 11. Semester:** Select current semester for pay period.
- 12. Total Hours Awarded:** For College Work Study employees, hours are awarded by the Financial Aid Office as specified on their Work Study Referral form. For Student Employment Initiative (SEI) employees hours are awarded by the Office of Career Services.

This section applies to Work-study and Student Initiative Employees only.

Total Hours worked 1st pay period:	54.00
Total Hours worked 2nd pay period:	36.00
Semester: Fall	
Total Hours awarded:	200.00
Total Hours previously reported:	50.00
Total Hours current balance:	150.00
Total Hours new balance:	60.00

13
14
15

- 13. Total Hours Previously Reported:** Running balance of hours already worked and reported during current semester.
- 14. Total Hours Current Balance:** Subtotal hours from total hours awarded minus hours previously reported.
- 15. Total Hours New Balance:** Total available hours allowed to work for remainder of current semester.

I certify that the time hereon is true and correct to the best of my knowledge and that work time was reviewed by me on a weekly basis and is in accordance with University policy

	16		
_____ Employee (Print Name)	_____ Employee Signature	_____ Date	
_____ Supervisor (Print Name)	17	_____ Supervisor Signature	18
		_____ Date	_____ Ext.

16. Employee Signature: To be signed and dated by employee.

17. Supervisor Signature: Time Card must be signed and dated by the appropriate account manager or designated supervisor.

NOTICE TO EMPLOYEE AND SUPERVISOR: Account manager or designated supervisor signature certifies that time reported by the employee is true and correct to the best of his/her knowledge and that all work time reported is in accordance with University policy.

18. Extension: Supervisors must provide a campus contact telephone number for any questions that Payroll personnel might have.



FULL-TIME NON-EXEMPT AND HALF-TIME STAFF TIME CARD

Front

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHWEST COLLEGE

TIME CARD

◆ Full-Time
◇ Half-Time

ID #: _____ Name: _____ Department: _____ Acct. #: _____ % Acct. #: _____ %

September 2009		Hours Worked												Hours Worked	Absent	Code		
		IN		OUT		IN		OUT		IN		OUT						
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M	H	M			
31	MONDAY																	
1	TUESDAY																	
2	WEDNESDAY																	
3	THURSDAY																	
4	FRIDAY																	
5	SATURDAY																	
6	SUNDAY																	
Total Hours		REG		OT		ST												
OT & ST Hours to be Paid				PAY		PAY				CT Hrs Earned								

September 2009		Hours Worked												Hours Worked	Absent	Code		
		IN		OUT		IN		OUT		IN		OUT						
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M	H	M			
7	MONDAY																	
8	TUESDAY																	
9	WEDNESDAY																	
10	THURSDAY																	
11	FRIDAY																	
12	SATURDAY																	
13	SUNDAY																	
Total Hours		REG		OT		ST												
OT & ST Hours to be Paid				PAY		PAY				CT Hrs Earned								

September 2009		Hours Worked												Hours Worked	Absent	Code		
		IN		OUT		IN		OUT		IN		OUT						
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M	H	M			
14	MONDAY																	
15	TUESDAY																	
16	WEDNESDAY																	
17	THURSDAY																	
18	FRIDAY																	
19	SATURDAY																	
20	SUNDAY																	
Total Hours		REG		OT		ST												
OT & ST Hours to be Paid				PAY		PAY				CT Hrs Earned								

September 2009		Hours Worked												Hours Worked	Absent	Code		
		IN		OUT		IN		OUT		IN		OUT						
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M	H	M			
21	MONDAY																	
22	TUESDAY																	
23	WEDNESDAY																	
24	THURSDAY																	
25	FRIDAY																	
26	SATURDAY																	
27	SUNDAY																	
Total Hours		REG		OT		ST												
OT & ST Hours to be Paid				PAY		PAY				CT Hrs Earned								

September 2009		Hours Worked												Hours Worked	Absent	Code		
		IN		OUT		IN		OUT		IN		OUT						
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M	H	M			
28	MONDAY																	
29	TUESDAY																	
30	WEDNESDAY																	
Total Hours		REG		OT		ST												
OT & ST Hours to be Paid				PAY		PAY				CT Hrs Earned								

Total Hours Worked 1st pay period (Part-Time Employees)						
Reg. Hours	Hrs. Absent	Total Reg. Hrs.	OT Pay	ST Pay	CompTime	Total Hours

Total Hours Worked 2nd pay period (Part-Time Employees)						
Reg. Hours	Hrs. Absent	Total Reg. Hrs.	OT Pay	ST Pay	CompTime	Total Hours

Monthly Pay Period Summary (Full-Time Employees)						
Reg. Hours	Hrs. Absent	Total Reg. Hrs.	OT Pay	ST Pay	CompTime	Total Hours

I certify that the time hereon is true and correct to the best of my knowledge and that work time and absence was reviewed by me on a weekly basis and is in accordance with University policy.

Employee (Print Name) _____ Employee Signature _____ Date _____
 Supervisor (Print Name) _____ Supervisor Signature _____ Date _____



FULL-TIME NON-EXEMPT AND HALF-TIME STAFF TIME CARD

Back

THE UNIVERSITY OF TEXAS AT BROWNSVILLE and TEXAS SOUTHWEST COLLEGE

Absences Detail

If absent, please provide the number of hours used per day with appropriate category.

Date	Paid Leave								Unpaid Leave		Total
	C	D	H	J	P	M	S	V	U	W	
Tu 9/1/2009											
We 9/2/2009											
Th 9/3/2009											
Fr 9/4/2009											
Sa 9/5/2009											
Su 9/6/2009											
Mo 9/7/2009											
Tu 9/8/2009											
We 9/9/2009											
Th 9/10/2009											
Fr 9/11/2009											
Sa 9/12/2009											
Su 9/13/2009											
Mo 9/14/2009											
Tu 9/15/2009											
We 9/16/2009											
Th 9/17/2009											
Fr 9/18/2009											
Sa 9/19/2009											
Su 9/20/2009											
Mo 9/21/2009											
Tu 9/22/2009											
We 9/23/2009											
Th 9/24/2009											
Fr 9/25/2009											
Sa 9/26/2009											
Su 9/27/2009											
Mo 9/28/2009											
Tu 9/29/2009											
We 9/30/2009											
Total	C	D	H	J	P	M	S	V	U	W	

Legend	
Paid Leave	
C	Compensatory Time
D	Death in family
H	Holiday Paid
J	Jury Duty
P	Paid Leave
M	Military Service Leave
S	Sick Leave
V	Vacation
Unpaid Leave	
U	Leave without pay
W	Military Unpaid

Absences Detail Notes

Leave Hrs.		Comp Time Hours Summary					
Paid	Unpaid	Beg Bal.	Earned	CT Other	Sub-Total	Used	Available

	Beg. Balance	Accrued	Used	Available
Sick Leave	100.00	8		108.00
Vacation	100.00			100.00

Vacation Accrued Hours Table:

Employee with total state service credit of:	Accrued Hours	Maximum carry over hours to next fiscal year
Less than 2 years	8	180
At least 2 years but less than 5	9	244
At least 5 years but less than 10	10	268
At least 10 years but less than 15	11	292
At least 15 years but less than 20	13	340
At least 20 years but less than 25	15	368
At least 25 years but less than 30	17	436
At least 30 years but less than 35	19	484
35 years or more	21	532

Additional Time Card Notes



Reporting of Absences

Non-Exempt full-time employees are required to report absences on timecard.

JUNE 2009		Hours Worked												Hours Worked	Absent	Code
		IN		OUT		IN		OUT		IN		OUT				
DAY	DAY OF WEEK	H	M	H	M	H	M	H	M	H	M	H	M			
1	MONDAY	8		12		1		5						8:00		
2	TUESDAY														8.00	S.
3	WEDNESDAY	8		12		1		5						8:00		
4	THURSDAY	8		12		1		5						8:00		
5	FRIDAY	8		1										5:00	3.00	V.
6	SATURDAY															
7	SUNDAY															
Total Hours		REG	29.00		OT			ST					29.00	11.00	40.00	
OT & ST Hours to be Paid						PAY			PAY			CT Hrs Earned				



Reporting of Absences (cont...)

Type of leave must be entered on the back of the timecard on corresponding absent day.

Type of Leave	
Paid Leave	
C	Compensatory Time
D	Death in family
H	Holiday Paid
J	Jury Duty
P	Paid Leave
M	Military Service Leave
S	Sick Leave
V	Vacation
Unpaid Leave	
U	Leave without pay
W	Military Unpaid

Absences Detail

If absent, please provide the number of hours used per day with appropriate category.

Date	Paid Leave							Unpaid Leave		Total	
	C	D	H	J	P	M	S	V	U		W
6/1/2009											
6/2/2009							8.00				8.00
6/3/2009											
6/4/2009											
6/5/2009								3.00			3.00



Entry of Leave Hours

Absent hours entered on the back of the timecard, including leave code, will automatically be reflected on the front of the timecard.

Absences Detail											
If absent, please provide the number of hours used per day with appropriate category.											
Date	Paid Leave								Unpaid Leave		Total
	C	D	H	J	P	M	S	V	U	W	
6/1/2009											
6/2/2009							8.00				8.00
6/3/2009											
6/4/2009											
6/5/2009								3.00			3.00

JUNE 2009		Hours Worked												Hours Worked	Absent	Code			
		IN		OUT		IN		OUT		IN		OUT							
		H	M	H	M	H	M	H	M	H	M	H	M						
1	MONDAY	8		12		1		5							8:00				
2	TUESDAY															8:00	S.		
3	WEDNESDAY	8		12		1		5							8:00				
4	THURSDAY	8		12		1		5							8:00				
5	FRIDAY	8		1											5:00	3:00	V.		
6	SATURDAY																		
7	SUNDAY																		
Total Hours		REG		29.00		OT				ST				29.00		11.00		40.00	
		OT & ST Hours to be Paid				PAY				PAY				CT Hrs Earned					

- **UTB/TSC Payroll website**
<http://www.utb.edu/ba/bo/payroll>
- **Human Resources Compensation Website**
<http://www.utb.edu/ba/hr/compensation>
- **Handbook of Operating Procedures**
<http://www.utb.edu/ba/hoop>
 - HOOP 7.4.14 Overtime
 - HOOP 8.2.2 Working Hours and Rest Periods
 - HOOP 8.2.7 Time Records, Paycheck, Payday
 - HOOP 8.3.2 Sick Leave
 - HOOP 10.6 Vacations and Other Leaves



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