

## Payroll Reporting Form for Supplemental Payroll

DATE: \_\_\_\_\_

TO: Central Human Resources Time/Leave unit

FROM: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Facility/Unit)

MONTH: \_\_\_\_\_

The attached time sheets for the following employees require individual review by the Central Human Resources unit:

<b>Printed Employee Name</b>	<b>Employee ID #</b>	<b><u>Reason for Time Sheet Review *</u></b>					
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time
_____	_____	<input type="checkbox"/> WC	<input type="checkbox"/> DL	<input type="checkbox"/> LWOP	<input type="checkbox"/> New	<input type="checkbox"/> Term	<input type="checkbox"/> Part-Time

\* Workers Comp; Donated Leave; Any LWOP; New Hire; Termination; Regular Part-Time (not Temporary)