



Form 3502 FR.01

## Temporary Employee Payment Request

Revised 10/25/2017

Employee Name:	Last	First	MI	UPI (University Personal Identifier):		Week Ending (MM/DD/YYYY):	

Pay Authorizer Name	Signature	Date	Phone Number

Hourly Rate	Regular Hours	Overtime Hours	Pay Code *	Shift Flat Amount	Cost Center (6)	Program (7)	Project (8)	Gift / Grant / Yale Designated (8)	Fund (4)
<b>Total:</b>			Pay Code Example: SPT8 (for weekend days)	<b>Note:</b> Charging instructions should not be entered for employees on monthly or pension payrolls. Labor must be scheduled for such employees.					

* Pay Code Abbreviations				Normal Pay Schedule
HW = Hours Worked  SJ = Second Job  OT = Overtime (for Postgrad Associates and Eligible Staff)	<b>Shift Premiums:</b> SPT = Time Entry (hourly) 1 – Evening Shift 2 – Hospital Charge 3 – Lead Pay 4 – Night Shift 5 – On Call Pay Hourly 6 – Shift Premium Holiday 7 – Unit Charge 8 – Weekend Days 9 – Weekend Evenings 10 – Weekend Nights	SPO = Overtime (hourly) 1 – Evening Shift Overtime 2 – Lead Pay Overtime 3 – Night Shift Overtime 4 – Shift Premium Holiday Overtime 5 – Unit Charge Overtime 6 – Weekend Days Overtime 7 – Weekend Evening Overtime 8 – Weekend Nights Overtime	<b>Flat Amounts:</b> SPE = Earnings (flat amount) 1 – Evening Shift Flat 2 – Hospital Charge Flat 3 – Lead Pay Flat 4 – Night Shift Flat 5 – On Call Pay Flat 6 – Shift Premium Holiday Flat 7 – Unit Charge Flat 8 – Weekend Days Flat 9 – Weekend Evenings Flat 10 – Weekend Nights Flat	<input type="checkbox"/> Weekly  <input type="checkbox"/> Semi-Monthly  <input type="checkbox"/> Monthly  <input type="checkbox"/> Salary Continuation

Weekly Time	Employee Signature:				Supervisor Signature:			
Weekday	Date		AM	PM	Regular Hours	Overtime Hours	Certification Statement: I (PI or Responsible Official using a suitable means of verification that the work was performed) certify that these hours reasonably reflect the actual effort devoted to the sponsored project(s) during the period of the effort report.	
	Month	Day	From – To	From – To				
Sun							<b>Authorizer Name (print):</b>  <b>Authorizer Signature:</b>  <b>Date:</b>	
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
(Must agree with total hours reported above)				<b>Total Hours:</b>				

Submit to: [employee.services@yale.edu](mailto:employee.services@yale.edu); 221 Whitney Avenue; FAX: 203-432-5153Questions? Contact [employee.services@yale.edu](mailto:employee.services@yale.edu)