



# Record of Hours Worked: Short-Term Casual

**See Instructions on reverse side. Do not use black ink, pencil or white-out.**

Employee Name: \_\_\_\_\_ Department: MEDICINE

Employee SSN: \_\_\_\_\_ Division: \_\_\_\_\_

Regularly Scheduled Hours per Week: \_\_\_\_\_ per Casual Registration Form

## Hours Worked

<i>To Be Completed by Employee</i>						<i>To Be Completed by Supervisor</i>	<b>Notes</b>	
Week Beginning (mm/dd/yyyy): ____/____/____					Hours Worked			
In	Lunch		Out				Total Time	
	Out	In						
Monday							<ul style="list-style-type: none"> <li>• Timesheets must be submitted to the <u>Department of Medicine Payroll Office located in PH 8W-862</u> by 12 noon on the scheduled due date. (If original form will be submitted directly by employee, supervisor must forward form in a sealed, signed envelope)</li> <li>• Timesheets received after scheduled due date and time will be processed for the following bi-weekly pay period.</li> <li>• Short-term casuals are paid for exact hours worked.</li> <li>• Per the NYS Department of Labor, employees who work more than six hours straight must have a break of at least half an hour. (Breaks are without pay)</li> <li>• Casual employees who work over eight hours a day or over 40 hours a week <i>must</i> be paid overtime. (Additional signature by Division Administrator is required for overtime processing)</li> </ul>	
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Weekly Total: Regular Hours</b>								
<b>Weekly Total: Overtime (if any)</b>								
Week Beginning (mm/dd/yyyy): ____/____/____					Hours Worked	Total Time		
In	Lunch		Out					
	Out	In						
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Weekly Total: Regular Hours</b>								
<b>Weekly Total: Overtime (if any)</b>								

**Short-term casual employment is limited to a maximum of 560 hours in a rolling twelve-month period. When the 560-hour limit is reached, a casual must either be hired as a regular employee or terminated.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Bi-Weekly Summary - To Be Completed by Supervisor</i>				
<b>Bi-Weekly Total: Regular Hours</b>	Acct#			
	% on Acct			
<b>Bi-Weekly Total: Approved Overtime</b>	Acct#			
	% on Acct			
<b>Comments</b>				

Supervisor Signature/Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Division Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Instructions for Completing Record of Hours Worked: Short-Term Casual

## **Employee**

- Complete form in accordance to the enclosed bi-weekly pay schedule. (**Note:** *The work week begins on Monday and ends on Sunday*)
- *On a daily basis*, fill in your actual time of arrival (when you began your work day), the times you leave for and return from your meal break, your time of departure (end of work day), and the total hours you worked. (**Note:** *Total daily hours worked do not include meal breaks*)
- At the end of the bi-weekly pay period: Sign and date the form and turn it in to your supervisor.
- Your supervisor will complete the form and return a copy to you for your records.

## **Supervisor**

- Review and verify times of arrival and departure.
- Verify authorized overtime, if any.
- Any discrepancies should be discussed with the employee. Do not erase or alter the employee's entries. Annotate the record with your corrections and review the changes with the employee.
- **In the "Bi-Weekly Summary - To Be Completed by Supervisor" section:**
  - **Enter the total number of hours worked, for the bi-weekly period, and enter account number(s) and percentage to be charged.**
  - **Enter the total number of approved overtime hours to be paid, for the bi-weekly period, and enter account number(s) and percentage to be charged.** (**Note:** *Additional signature by Division Administrator is required for overtime processing*)
- **Sign the form and give a copy to the employee for their records. Submit the original form to the Department of Medicine Payroll Office located in PH 8W-862.** (**Note:** *If original form will be submitted directly by employee you must forward form in a sealed, signed envelope*)