

University of Florida
Prior 60 Day Request - Elapsed

Week Beginning _____

Department ID _____
 Employee Name _____
 UF ID _____
 Empl Rec # _____
 Pay Group _____

Preparer's Printed Name _____
 Preparer's Phone # _____

Time as it is Currently Recorded

TRC	FRI	SAT	SUN	MON	TUE	WED	THUR

Time as it Should Be Recorded

TRC	FRI	SAT	SUN	MON	TUE	WED	THUR

Comments:

I confirm that the employee listed hereon is performing the duties as required by his/her authorized position and should be paid from the account(s) as indicated. I will notify the Payroll Office immediately of any pay discrepancy so that appropriate adjustments can be made before warrants are delivered to the banks or departments. I also confirm that appropriate time and attendance records are being maintained for the employee listed.

EMPLOYEE'S DESIGNATED TIME APPROVER

DATE

Fax form to Payroll at 352-846-0166 or mail to PO Box 113201. Retain original in department.

Instructions for Prior 60 Day Request – Elapsed Form

- 1) **Week Beginning:** Enter the first day of the pay week for which you are requesting an adjustment to be entered in Time & Labor by University Payroll Services. Reminder: Pay weeks are from Friday to Thursday.
- 2) **Department ID:** Enter the department identification number for which the employee is hired.
- 3) **Employee Name:** Enter the employee's name for which the adjustment will be made.
- 4) **UFID:** Enter the employee's University of Florida Identification Number (also known as Employee Identification Number).
- 5) **Empl Rec #:** Enter the appropriate employee record number that is to be adjusted.
- 6) **Pay Group:** Enter the appropriate pay group identifier for the employee record number to be adjusted.
- 7) **Preparer's Printed Name:** Enter name of person preparing form.
- 8) **Preparer's Phone Number:** Enter phone number of preparer for contact purposes.
- 9) For the section titled "**Time as it is Currently Recorded,**" please enter the employee's time as currently seen in Record Time for Elapsed (Manager Self Service --> Time Management --> Record Time --> Report Time). Use one row per TRC. If there is no TRC given (i.e. schedule loaded employees), please leave blank and make notation in "Comments" section that it was system loaded. You should only record hours for the days that need to be changed. Reminder: Use quarter time (15 minutes=0.25 hours, 30 minutes=0.50 hours, & 45 minutes=0.75 hours).
- 10) For the section titled "**Time as it Should be Recorded,**" please enter the employee's elapsed time as it should be entered. You should only record hours for the days that need to be changed. Your Central Payroll Administrator will enter the time as is shown in this section. Reminder: Use quarter time (15 minutes=0.25 hours, 30 minutes=0.50 hours, & 45 minutes=0.75 hours).
- 11) For the section titled "**Comments,**" please enter any additional comments that should accompany the request.
- 12) Have the employee's designated time approver sign and date the form.
- 13) Please fax COMPLETED form to 352-846-0166 to the attention of the appropriate Central Payroll Personnel and retain the original for your records. Or mail original to the attention of appropriate Central Payroll Personnel at PO Box 113201 and retain a copy for departmental records.