The Research Corporation of the University of Hawaii

TIME REPORT - SPECIALIZED SERVICE EMPLOYEE FOR LUMP SUM PAYMENTS

Period From: _____ To: _____

Lump Sum Payment For This Pay Period:

$ _____

Name: _____ Employee #: _____

List Dates Employee Worked For This Period of Employment:

I understand that failure to submit a completed and approved time report in accordance with the Payroll Processing Schedule will delay the issuance of my paycheck. I certify the accuracy of this Time Report and understand that falsification of records may lead to termination of my employment. I authorize RCUH to deduct any overpayment made to me in error.

_____

Employee Signature

I certify that this payroll charge to the project number (s) is accurate based upon authorized work performed by the above-named person and that all RCUH Policies and Procedures have been followed

_____

Principal Investigator Signature

"Exception Only" for UH Projects

I authorize project # change from _____

to _____, effective date _____

_____

UH Designated Official

Project #	/ B.C.	-	%	Project #	/ B.C.	-	%
1.	__ __ __ __ __ __	/ __ __ __ __	- _____%	3.	__ __ __ __ __ __	/ __ __ __ __	- _____%
2.	__ __ __ __ __ __	/ __ __ __ __	- _____%	4.	__ __ __ __ __ __	/ __ __ __ __	- _____%

RCUH FORM D-9c
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