

The Research Corporation of the University of Hawaii TIME REPORT - SPECIALIZED SERVICE EMPLOYEE FOR LUMP SUM PAYMENTS

NAME: _____

EMPLOYEE # _____

List Dates Employee Worked For This Period of Employment:

Period From: _____ To: _____

Lump Sum Payment For This Pay Period:

\$ _____

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

CC/Project #	/SubProj	/BC	/SubBC	-	%
1.	___/_____	/_____	/_____	_____	- ____%
2.	___/_____	/_____	/_____	_____	- ____%
3.	___/_____	/_____	/_____	_____	- ____%
4.	___/_____	/_____	/_____	_____	- ____%