

Human Resources Payroll and Benefits

## STUDENT ASSISTANT, INSTRUCTIONAL STUDENT ASST. and HOURLY INTERMITTENT PAYROLL VOUCHER

Pay Period:

EMPLOYEE INFORMATION: All fields must be completed.								
Last Name:			First Name:			M.I.		
Employee ID:	Record Numbe	r:		Job Code:		Payroll Unit Number:		
HR Department Name: HR Departme		HR Departmen	nt Number:					

INSTRUCTIONS: Please refer to the Student Employee, Intermittent/Hourly Payroll Calendar for the pay period beginning and ending dates. Hours are to be recorded each day they work and should be reported in whole hours and 10ths only. Use the chart to the right for conversion. Hours worked on a weekend or holiday must be initialed by the supervisor. Student assistants are not eligible for overtime or holiday compensation.

CONVERSION CHART								
Minutes =	Tenths	Minutes =	Tenths					
1 - 6	0.1	31 - 36	0.6					
7 - 12	0.2	37 - 42	0.7					
13 - 18	0.3	43 - 48	0.8					
19 - 24	0.4	49 - 54	0.9					
25 - 30	0.5	55 - 60	1.0					

**NOTE:** Students **must not** work more than 6 hours without a break. Please refer to the Student Employment Guide for additional employment resources regarding student employees.

If employees want to have their pay warrant mailed, please verify that there is a self-addressed, postage paid envelope attached to the voucher. Envelopes provided without postage will not be used.

DISTRIBUTION OF LABOR COST OVERRIDE								
NOTE: To be used <u>ONLY</u> when funding source for the pay period is different than the department default.								
						Hours to be		
Finance Dept. ID	Fund	Account	Program	Project/Grant	Class	Applied		
Total must match hours worked in the pay period. Total:								

Date	Hour In	Hour Out	Total Hrs	Date	Hour In	Hour Out	Total Hrs	Date	Hour In	Hour Out	Total Hrs
				11				22			
1				12				23			
-											
2				13				24			
2				14				25			
3				14				25			
4				15				26			
-				15				20			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
0				20				21			
9				20				31			
10				21							
10				21						<u> </u>	

Total Hours

I authorize the hours worked by this student and certify that they are correct.

Signature of Immediate Supervisor

Signature of Appropriate Administrator

Campus #

Signature of

Date

Employee Signature

I certify that I worked the hours recorded on this voucher

Date

and that I am currently enrolled as a Student at SSU.

Payroll and Benefits | Salazar Hall, Second Floor | 1801 East Cotati Avenue | Rohnert Park, CA 94928 (707) 664-2793 telephone|(707) 664-2024 fax |payroll@sonoma.edu | www.sonoma.edu/payroll/