



Human Resources Emergency Pay Form

PAY PERIOD: _____
(Month/Year)

NAME: _____

SFSU ID #: _____

DEPT. NAME: _____

Unit 6 (Teamsters) **Unit 2, 5, 7, 9 (CSUEU)** **Non Exempt**

Please indicate the number of hours the employee working on-site each day for this month.

<i>Date</i>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<i># Hours</i>																	

<i>Date</i>	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<i># Hours</i>																	

Reason for working on-site: _____

Total Hours Work: _____ **# OF HOURS**

Prepared By: _____

Date: _____

Preparer's Signature: _____

Phone : _____

Approved by: _____

Date: _____

Approver's Signature: _____

Phone : _____

Approved by Department Head: _____ **Date:** _____

Note: This Working On-Site Emergency Pay Form must be submitted to the Human Resources Payroll Office (ADM 252) by the 5th of the following month. Questions regarding Working On-Site Emergency Pay Form, please call your Payroll Specialist or Human Resources Information Desk at extension 81872.