



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.

Table with 2 main sections for dates 1-15 and 16-31, with columns for Date and # Hours.

Reason for working on-site: \_\_\_\_\_

Total Hours Work: \_\_\_\_\_ # OF HOURS

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_

Phone : \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Approver's Signature: \_\_\_\_\_

Phone : \_\_\_\_\_

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.