FI 8
08/2020
Division of Finance

TIME SHEET FOR DUAL EMPLOYMENT

Clear Form

*EIN: _____ *Department/Unit: _____

*Name: _____ *Pay Period End Date: _____ (MM/DD/YYYY)

Primary Employer:

*Dept: _____ Unit: _____ Distribution: _____ Pay Rate: _____

Dual Employer:

Dept: _____ Unit: _____ Distribution: _____ Pay Rate: _____

Complete a new form for each additional employer

Date (MM/DD/YYYY)	Hours Worked[1]	Fund	Department	Unit	Approp	Activity	Function	Program	Phase
Charge Codes:									
Sat									
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Week 1 Total	0.00								
Sat									
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Week 2 Total	0.00								
Pay Period Total	0.00								
Mileage Wage Type 1183									

*Fields Required to Submit Form

Select box to pay as Overtime Direct: ☐

(FLSA Exempt employees are NOT eligible for OT Direct)

[1]Hours worked are defined by Federal and State law. For further clarification see State DHRM rules for FLSA time reporting requirements.

Email completed form to: payroll@utah.gov
or Fax to (385) 465-6012.
For questions, please call (801) 957-7770.

By signing this time sheet, I verify the above hours worked are true and correct for this pay period.

_____ _____
*Employee Signature *Submitted Date

_____
*Approval Signature

_____ _____
Contact Person Phone Number