

Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.



TIME SHEET FOR DUAL EMPLOYMENT

***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									
Sat									
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Week 2 Total									
Pay Period Total									
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)

¹Hours 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