

**CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION  
CSULB NON-EXEMPT STAFF OVERLOAD TIME REPORTING FORM**

See reverse side for instructions – Use blue or black ball point pen (no pencil/no red ink)

**FOUNDATION USE ONLY**


Pay Period Start: \_\_\_\_\_

Pay Period End: \_\_\_\_\_

CSULB ID#: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Check the box to indicate whether 1 <sup>st</sup> or 2 <sup>nd</sup> pay period being paid	<input type="checkbox"/> 1 <sup>st</sup> period	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>		Total Hours by Type		
	<input type="checkbox"/> 2 <sup>nd</sup> period	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	Reg Hrs.	O.T.	
Research Foundation Time		IN																		
		OUT																		
		IN																		
		OUT																		
Total <u>Research Foundation</u> Regular Hours Worked																				
Total <u>Research Foundation</u> O.T. Worked																				
Total <u>CSULB</u> Daily Hours Worked																				
Grand Total Daily Hours Worked																				
<b>CLASSIFIC</b>	<b>FUND</b>	<b>DEPT ID</b>	<b>PROJECT</b>	<b>PROGRAM</b>																
Total Daily Hours																				

<p><b>EMPLOYEE CERTIFICATION:</b> I certify that I have taken all required breaks and meal periods during the pay period covered by this timecard (as applicable). I understand that I must provide a written report of any missed breaks and / or meal periods to the Foundation Associate Director of Human Resources within five (5) business days of the date this timecard is due. I further certify that I have complied with all Foundation policies.</p> <p>I understand that as a full time University employee working additional hours on a project, I am not allowed to work more than ten (10) hours per week in total for CSULB and its auxiliary employers including the CSULB Foundation.</p> <p>I certify that the hours stated above are accurate and represent all hours actually worked by me during the subject time period *</p> <p>_____ Employee's Signature (Required)      Date</p>	<p><b>Payroll Use Only</b></p>  <p>_____ Supervisor's Signature      Date</p>	<p>Description of Work Performed/Comments (Optional):</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>I certify that this employee worked the hours as indicated above under my supervision</p>	<p>I certify that the information stated above is correct and I approve the cost to the project(s) indicated.</p> <p>_____ Project Director's or Authorized Administrator's Signature (Required)      Date</p>

\* All timecards relating to CSULB Non-Exempt Additional Employment will be made available to the Dean's Office and the Administrative Service Manager for periodic review.