

**TEXAS TECH – TTUHSC**  
**HOURLY PAYROLL COVER SHEET**  
**(Not for TTU and TTU System)**

FOR PAYROLL USE ONLY

**Due in Payroll:** \_\_\_\_\_

**Phone:** 806-743-2998 Ext. 242

**Location:** 1B134 HSC

**Week 1 Begin Date:** \_\_\_\_\_

**Week 2 Begin Date:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

Report of Hours Worked forms must be grouped by account and each group attached to an Hourly Payroll Cover Sheet reporting summary totals. **Report of hours Worked forms will not be accepted in the Payroll Department without a Cover Sheet.** Each Cover Sheet must include Report of Hours Worked forms **with only one account number.** If preprinted account number is changed on a Report of Hours Worked form, that form must be removed and submitted with a Cover Sheet bearing the appropriate account number. If time is submitted for an earlier work week, that Report of Hours Worked may be submitted under the same Cover, but the correct week begin dates must be clearly indicated on the Report of Hours Worked form. Reporting hours under an incorrect week may result in the accrual of an overtime liability.

Complete the Cover sheet by totaling each type of hours reported in the group of Reports of Hours Worked forms. If totals are reported incorrectly, they will have to be corrected in the Payroll Department BY THE SUBMITTING DEPARTMENT.

Fill in total hours paid by totaling the "total hours to be paid" on the attached Report of Hours Worked forms. Fill in Total Rates to include the rate that applies to each individual Report of Hours Worked form submitted with this Cover Sheet.

00	01	02	03	04	05	06	07	08	09	12	13	14	15
Worked		Sick	Vacation	Holiday	Funeral	Jury Duty	Emergency	Military	Holiday Comp Used	Sick pool	Sick Exception	Parent Teacher Conf.	Service Excellence Leave
40 or less	Over 40												

16	17	18	19	20	21	22	23	24				
Military Emergency	Assistance Dog Training	Firefighter EMS Leave	Red Cross Service	Foster Parent Leave	Voting	Donate Blood Leave	Donate Bone Marrow	Donate Organ				

Total Hrs. Paid	Total Rates

Please double check grouping and totaling before submitting.

I hereby certify that this payroll is just, due, correct and unpaid. The persons submitted for payment have complied with all statutory or other requirements covering the payment of this claim and the provisions of the Appropriation Act (if applicable) and are eligible to receive this compensation.

Prepared by \_\_\_\_\_ Phone \_\_\_\_\_

Account Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**TEXAS TECH**  
**HOURLY APPOINTMENT INFORMATION FOR EMPLOYEES BEING PAID**

**Week 1 Begin Date:** \_\_\_\_\_

**Week 2 Begin Date:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**INSTRUCTIONS:**

List below the hourly employees on this account for whom Report of Hours Worked forms are included in this biweekly payroll batch.

If an employee has more than one rate or job class code in effect during the pay period, hours must be reported on separate Report of Hours Worked forms which correspond to the correct rate and/or date. Do not combine hours for different rates or job class codes on one Report of Hours Worked form. If one employee has multiple Report of Hours Worked forms, each separate Report of Hours Worked form should be listed below and the rate added to the Total Rates.

JOB CLASS	NAME	SSN	RATE
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**TOTAL RATES:**