

Pay Cycle:

____ Monthly

____ Semi-Monthly

Overpayment Certification (Monthly & Semimonthly Paid Employees)

Time Sheet Organization HR _____

Employee Name	Banner ID	Period Covered	Employee Class	Position Number (include suffix)	Hours (if applicable)	Dollar Amount*
(One Employee Per Page)						

FOAP (Funding does not need to be included on the late pay form unless it is different than the funding on the job record.)

% (Lines must equal 100%)	Fund	Org	Account	Program

Prepared by _____
(Print Name)

Phone _____

Date _____

Authorized by: _____
(Dean or Director Signature)

EPAF has been approved by ALL users

*Formula to calculate for less than a full pay period (Monthly or Semi-Monthly):

Assign salary x days worked/total work days in pay period = amount to pay
Ex. \$2500 x 8 / 22= \$909.09