Late Pay Forms
(Monthly & Semimonthly Paid Employees)
One Employee Per Page

Time Sheet Organization HR_____

Employee Name	Banner ID	Period Covered	Employee Class	Position Number	No. of Hours	Dollar Amount

FOAP

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

Prepared by_____ Phone _____ Date_____
                (Print Name)

Authorized by:_____

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

Revised 06/2016