GEORGETOWN UNIVERSITY

CASUAL LABOR REPORT

REVISION DATE: 08/07/02

EMPLOYEE NUMBER								
8	9	10	11	12	13	14	15	16

FIRST TIME PAID? ☐ YES ☐ NO

GU STUDENT ☐ YES ☐ NO

PLEASE PRINT CAREFULLY IN THE BOXES BELOW

CODE		NAME (LAST - COMMA-DOUBLE SPACE - FIRST - MIDDLE)	ADDRESS LINE 1
	B		
1	2	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77

CODE		ADDRESS LINE 2	CITY, STATE	ZIP
	C			
1	2	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71	72 73 74 75 76 77

CODE			HOME DEPT.					EXEMPT FICA	EXEMPT DC	STATE CODE		REGULAR HOURS					HOURLY RATE				OVERTIME HOURS					MAIL	HOME DISTRIBUTION COST CENTER CODE								FUNC CODE	SALARY SPLIT 1 %				SALARY SPLIT 1 COST CENTER CODE								FUNC CODE
	A	L																																													
1	2	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69

NOTE

1) Casual Labor forms should be submitted to Payroll with departmental time sheets by 2:00 P.M. on the Wednesday following the end of the pay period.

2) Submit only **one** Casual Labor form per employee for the two week period.

3) Each employee can be paid five times in a lifetime.

4) Do not submit any tax forms with the Casual Labor form. All taxes will be computed on a single scale with no exemptions. Social Security tax will be withheld from all payments except where exempt by law.

5) The distribution of Casual Labor checks will be handled in the same manner as other bi-weekly payments.

APPROVED BY _____ DATE _____

DEPARTMENT _____ EXTENSION _____

PAY # 004