

# HOURLY EMPLOYEE OVERRIDE FORM

## PURPOSE

- Provides an hourly-paid employee's home department with information about hours worked in a second job or department or in a new department when an employee transfers in the middle of a pay period.
- This becomes the source document for the override section of the time sheet.

## IMPORTANT POINTS

- Completed for work by hourly Georgetown employee outside of home department.
- Completed for work by hourly employee who transfers to a new department in the middle of a pay period or who transfers at the beginning of a pay period, but the transfer is not keyed into the HRIS Payroll system by the human resources/payroll deadline.
- Payment for work by salaried employees outside their home department is made using a LUMP SUM PAYMENT FORM.
- **Completed by department where work is performed.**
- Faxed to employee's home department for inclusion on OVERRIDE section of TIME AND ATTENDANCE SHEET FOR HOURLY EMPLOYEES.
- Verify accuracy of contact information in home department.
- Responsibility for timely payment lies with department where work performed, not the employee

## TO COMPLETE THE HOURLY EMPLOYEE OVERRIDE FORM

### SECTION I -- EMPLOYEE INFORMATION

Employee fills in:

- Name
- Georgetown ID Number (GUID)

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## **SECTION II -- EMPLOYEE'S HOME DEPARTMENT INFORMATION**

Employee provides following information regarding his/her home department:

- Home Department Name
- 4-digit home department number.
- The contact person in the home department to whom the OVERRIDE FORM should be sent.
- Phone number of contact person
- Fax number of contact person

## **SECTION III - INFORMATION ON WORK PERFORMED BY THE EMPLOYEE**

Employee signs in and out on days he/she worked.

Department fills in necessary information:

- Submitted for pay week ending
- An explanation for the payment to the employee

Provide information regarding payment for the services. (Not all columns are needed for every payment transaction)

- **Category:** Type of hours for which the employee is to be compensated.

**Category:**

**D=** Weekday Day (Compassion, Jury Duty, Administrative Leave)

**N=** Weekday Night, differential only

**B=** Weekend Day, differential only

**L=** Weekend Night, differential only

**H=** Holiday Taken

**J=** Holiday Worked

**K=** Scheduled Leave

**T=** Unscheduled Leave

**S=** Sick

**M=** Meal Allowance

**C=** Call Pay

**V=** Vacation

**P=** Percent

- **OT: Overtime Responsibility:** write "Yes" or "No" to acknowledge responsibility for overtime hours.

## H O U R L Y E M P L O Y E E O V E R R I D E F O R M

Since the employee's home department makes the final determination regarding payment of overtime, it is important to communicate directly with the department. Overtime pay is based on the weighted average hourly rate. (See Human Resources Policy #803.)

- Hours: Number of hours for which employee is to be compensated.

**NOTE:** If the hours that a part-time employee is consistently scheduled to work in a second department plus his/her scheduled hours in the home department totals 30 hours or more, the home department should contact the appropriate Human Resources Office to discuss whether the employee's status should be changed to benefits eligible.

- Rate: Indicate ONLY if being paid at a different rate of pay than employee's rate of pay in home department.
- \$: Indicate dollar amount for meal allowance and/or call pay due the employee.
- Class Code: Class code that corresponds to the job performed. This may differ from the employee's class code in his/her home department.
- %: Complete if payment is split among two or more cost centers. Note: The total of all of these percentages must equal 100%.
- Cost Center: Cost center number to be charged for employee's services. [This includes the two-letter fund designation code and the seven-digit cost center number; e.g., GS4000-000.]
- Function: Appropriate function code (See box).

### Function Codes

<b>A</b> Instruction & Department Research	<b>B</b> Affiliated Hospital Programs
<b>D</b> Cost Sharing Project	<b>E</b> Organized Research Training, other sponsored projects title (RX allocations only)
<b>F</b> Federal Work Study	<b>G</b> Hospital – Supervision Georgetown Resident (HX allocations only)
<b>H</b> Hospital Administration (HX allocations only)	<b>J</b> Hospital – Department Manager
<b>K</b> Other Institutional Activities	<b>L</b> Currently Exempt Department
<b>M</b> Hospital - Coverage (HX allocations only)	<b>S</b> Sabbatical Leave
<b>W</b> Departmental Administration	<b>Y</b> Sponsored Programs Administration (RX Allocations only)

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### **SECTION IV -- SIGNATURES**

The following people should sign in the appropriate space to indicate the accuracy of the information provided:

- Employee
- Individual in the Department authorized to approve such payments

In the event any questions arise, Preparer provides:

- His/her name
- Telephone number

### **TO FINALIZE THE TRANSACTION**

Preparer must fax completed form to the contact person in the employee's home department in time to be included on the TIME AND ATTENDANCE SHEET FOR HOURLY EMPLOYEES. If you are unable to complete it in time, you must contact the home department to let them know it is coming.

The home department staples the form to the final page of the Time and Attendance Sheet for Hourly Employees.