



Individual Late Pay Form

Positive Reporting Employee

EmpID

Rcd

Work-Study Student

Non-Work-Study Student

Non-Student

Employee Name

(Last,First)

Department Name

Dept ID

Combo Code

Hourly Rate

Please note: If submitting additional hours, please indicate all hours worked that day.

Time Reporting Code	*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat	*Total	Week Ending Date

* Report hours in decimals

If hours are 30 days or more in arrears, for auditing purposes please provide justification below

Authorized by

Department Head Signature (E-sign or wet signature)

Date

PI Signature (E-sign or wet signature)

Date

Form
Prepared by

EMail

Tel#

Date

Submit completed form to timeandlabor@umass.edu
Payroll Office, 325 Whitmore Administration Building