KRONOS TRANSFER/FLOAT FORM

The purpose of this form is to request that Payroll transfer the cost of any hours an employee works in a department other than their home department to the proper budgetary account / cost center.

SECTION I: TRANSFER INFORMATION

Emp ID#:

Employee Name:

Home Department #:

Home Department:

DATE	IN TIME	OUT TIME	TRANSFER TO DEPT	TOTAL HOURS	REGULAR HOURS OR OVERTIME?

SECTION II: HOME DEPARTMENT SUPERVISOR'S SIGNATURE

Employee- By signing below, I agree that the employee was authorized to leave my department (the home department)to work in the transfer department on the dates and times noted above.

Home Supvr ID#:

Name (please print):

Home Supvr Signature:

Date

SECTION III: TRANSFER DEPARTMENT SUPERVISOR'S SIGNATURE

Supervisor/Manager - By signing below, I acknowledge that the above hours were worked in my department (transfer department) and I authorize the cost of those hours to be transferred to this department budgetary account / cost center.

Transfer Supvr ID#:

Name (please print): (please print:

Transfer Supvr Signature:

Date

Please complete, sign and return to:
Payroll Services
Jacobsen Hall, Room 100.

FOR PAYROLL SERVICES USE ONLY:
Initials of Processor:

_____

Date Processed:

_____