# CALIFORNIA STATE UNIVERSITY Monterey Bay

## Hourly Intermittent Voucher
## Payroll Services

_____  _____  _____  _____
Employee ID#        First                   M.I.    Last

_____  _____  _____  _____  _____
Employing Office                                Agency     Unit      Class     Serial

_____        _____
Hourly Rate              Pay Period (mm/yyyy)

**Refer to Payroll Calendar for Pay Period Begin & End Dates**
http://csumb.edu/payroll

| Date | Number of | Date | Number of | Date | Number of |
|---|---|---|---|---|---|
|    |    | 11 |    | 23 |    |
|    |    | 12 |    | 24 |    |
|    |    | 13 |    | 25 |    |
| 2  |    | 14 |    | 26 |    |
| 3  |    | 15 |    | 27 |    |
| 4  |    | 16 |    | 28 |    |
| 5  |    | 17 |    |    |    |
| 6  |    | 18 |    |    |    |
| 7  |    | 19 |    |    |    |
| 8  |    | 20 |    |    |    |
| 9  |    | 21 |    |    |    |
| 10 |    | 22 |    |    |    |

*Use the following chart to convert minutes to tenths of an hour*

| Minutes | Tenths | Minutes | Tenths |
|---|---|---|---|
| 1-6   | 1 | 31-36 | 6 |
| 7-12  | 2 | 37-42 | 7 |
| 13-18 | 3 | 43-48 | 8 |
| 19-24 | 4 | 49-54 | 9 |
| 25-30 | 5 | 55-60 | 1 hr |

| **Total Hours** | |
|---|---|
| Total vacation hours used |  |
| Total sick hours used |  |
| Total personal holiday hours used |  |
| Total holiday hours earned |  |
| u = h |  |

I certify that I have worked the days recorded on this voucher.

I authorize the period worked by this employee and have personal knowledge of the correctness of the time to which he/she has certified.

_____
(Legal Signature of Employee)

_____
(Signature of Supervisor)

_____
(Approving Authority)