****

**Research and Development Corporation**

**Payroll Certification**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Salary**

Overtime exempt \_\_\_\_ Annual Leave\* \_\_\_\_hrs Sick Leave\* \_\_\_\_hrs

Overtime eligible \_\_\_\_ Worked\* \_\_\_\_\_hrs Annual leave\* \_\_\_\_\_hrs Sick leave\* \_\_\_\_\_hrs Total hours \_\_\_\_\_

Prior Period Adjustments: Y or N

If yes, please describe adjustment (include date, time and reason). Do **NOT** include any prior period adjustment in the current pay period summary above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employees exempt from overtime pay:** Completion of this form constitutes a certification that the above employee’s working and leave hours total at least 37.5 per week for the indicated pay period and that any adjustments for a prior period have been listed.

**Employees eligible for overtime pay:** Completion of this form constitutes a certification that the above employee worked the hours listed for the indicated pay period and that any adjustments for a prior period have been listed.

**Hourly**

Total Actual Worked hours\* \_\_\_\_\_ Annual Leave\* \_\_\_\_hrs Sick Leave\* \_\_\_\_hrs Holiday Hours\* \_\_\_\_\_

Prior Period Adjustments: Y or N

If yes, please describe adjustment (include date, time and reason). Do **NOT** include any prior period adjustment in the current pay period summary above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion of this form constitutes a certification that the above employee worked the hours listed for the indicated pay period and that any adjustments for a prior period have been listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date

**\* Time sheets and leave requests are maintained by the Supervisor and must be provided upon request.**