North Carolina School of Science and Mathematics

EXEMPT FLAT RATE COMPENSATION TIMESHEET

(Temporary Appointment/Additional Employment)

A flat rate timesheet should only be used for Exempt work. Examples of a temporary appointment that qualifies for a flat rate of compensation are coach or substitute teacher. Examples of additional employment that qualifies for a flat rate of compensation are coach and newspaper advisor. Please see the Payroll Schedule for payroll deadlines. Late timesheets will be processed on the next payroll cycle. Please submit the completed timesheet to dur.payroll@ncssm.edu for payroll processing. If Beacon ID is needed email payroll to obtain it.

Check Type of Service: Temporary: ________________ Additional: ________________

Employee Legal Name: _______________________________ BEACON ID #: ___________

Job Title of Services Being Paid For: ___________________________________________

If services are for a temporary appointment, identify the biweekly dates in which services were performed using the Biweekly Pay Schedule.

Date of Service: Biweekly Pay Period Beginning: ______________________________

Biweekly Pay Period Ending: ______________________________

Additional Employment Month of Service: ______________________________

<table>
<thead>
<tr>
<th>Flat Rate</th>
<th>Number of Days (if applicable)</th>
<th>Total Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day ______ Job_______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My signature below certifies I have worked the above identified time. For Temporary Appointments, retain signature of immediate supervisor only. For Additional Employment, retain signature of both immediate supervisor and additional employment supervisor. As supervisor my signature certifies I have approved the time worked for payroll processing and the effective date of last date worked.

Employee Signature _______________________________ Date ___________

Home Dept Supervisor Signature _______________________________ Date ___________

Updated 9/2021
Additional Employment Supervisor Signature ______________________Date __________

If this is your last timesheet for your contract please put the date of your last day worked

______________________________