

Human Resource Services FORM RESOURCES

Human Resource Services, Marshall University, 207 Old Main, One John Marshall Drive, Huntington, WV 25755.
 Phone 304.696.6455, FAX 304.696.6844, E-mail human-resources@marshall.edu, Web <http://www.marshall.edu/human-resources/>
 If assistance is needed in completing this form, please contact Human Resource Services at the above address.

ALTERNATE ASSIGNMENT TIME REPORT

This form is to be used as appropriate and/or as requested by employees who may have alternate assignments as floaters and/or who may work on a short-term basis in an office other than their primary assigned office. One form is to be completed for each day at a floating assignment regardless of number of days worked in total. This form is used to certify time worked when the primary supervisor cannot independently verify the time worked. This form is NOT used for time reporting for payroll purposes. If appropriate or if requested to use this form, the employee completes and signs the form and then secures the signature of the responsible supervisor at the alternate assignment. The completed form and copies are distributed according to the DISTRIBUTION block below. This form is available on the Human Resource Services web site forms page as an Adobe™ form that can be filled out on-screen and then printed out. The forms page is available at the following link: <http://www.marshall.edu/human-resources/forms/>. Time amounts are expressed in hours and quarter hours rounded. For example: One hour and fifteen minutes is 1.25 hours. If completing form manually, print all information except for signatures.

Employee name	
Department to which permanently assigned	
Permanent assignment supervisor	
Department to which assigned for alternate assignment	
Alternate assignment supervisor	
Day/date at alternate assignment	

NOTE: Report actual hours at alternate assignment. Complete one form for each day of alternate assignment.

Actual hours worked at this assigned location			Hours
Start time/End time	Work Start Time		Work Ending Time
Employee Signature			

SUPERVISOR'S CERTIFICATION: I have read this Alternate Assignment Time Report and agree with the information reflected in it. This is to certify that the above-named employee worked at the assigned department on this date and in the amount of time reflected herein.

Assignment supervisor signature	
Supervisor's telephone	
Supervisor's e-mail	

DISTRIBUTION: One copy to Human Resource Services.
 One copy to office of permanent assignment.
 One copy to office in which alternate assignment performed.
 One copy to employee.