

**POLICY STATEMENT**

**No. 1 16.00**

**COORDINATED BY: Business Affairs**

**EFFECTIVE: July 1, 1996**

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**SUBJECT: UNCLASSIFIED, FISCAL EMPLOYEES: CERTIFICATION OF WORK**

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**I. GENERAL POLICY**

Unclassified staff and faculty who are appointed on a fiscal basis *and* earn annual leave are covered by this policy. This policy does not pertain to those faculty members who are appointed on a 9-month basis and do not earn annual leave.

Each employee must individually certify that all the leave he/she took has been posted and that leave time, plus hours of work and holidays equals an average of at least 40 hours per week or the prorated equivalent for their percent of effort. Certification will be completed on a calendar month basis.

**II. PROCEDURE**

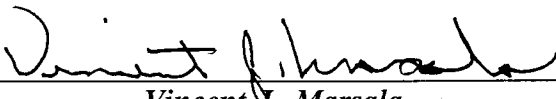
Each segment of the University shall have the individual employee sign the payroll certification form and then retain all forms within the approving supervisor's department for a minimum of five (5) years - subject to audit by LSU-S Accounting Department, LSU Internal Auditors, and/or State of Louisiana Legislative Auditors.

Each unclassified employee signs the form then submits it to his/her immediate supervisor for certification. Employee certification shall be completed at the conclusion of each calendar month - no later than the 5th of the following month. Each supervisor then certifies and retains form within his/her office files. Should a discrepancy occur between the employee's certification and the supervisor's records, Human Resource Management should be contacted for resolution of the issue if it is unable to be worked out within the department.

**III. SUPERVISOR'S RESPONSIBILITY**

It shall be the supervisor's responsibility to:

- assure each eligible employee in his/her area completes and timely remits (no later than the 5th of the following month) their certification of work for the prior month.
- advise Human Resource Management of work attendance exceptions via leave request/report forms when the employee is not in attendance.
- retain certification forms for each of his/her employees for five (5) years.

APPROVED:  7-26-96  
*Vincent J. Marsala* *Date*  
*Chancellor*

LSU-SHREVEPORT

PAYROLL CERTIFICATION FORM  
UNCLASSIFIED EMPLOYEES

Month Ending \_\_\_/\_\_\_/\_\_\_

DEPARTMENT \_\_\_\_\_

<i>Employee Name</i>	<i>Employee Signature</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sign in the space provided above to certify that all leave you have taken of any type during the monthly period is posted, and that the leave time, together with your hours worked plus paid holidays equals, on average, at least 40 hours per week or the pro-rated equivalent for your percent effort.

I certify that, to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
*Department Head/Supervisor Signature* *Date*

**NOTE:** *This form should be retained in the immediate supervisor's office for a period of five (5) years for audit purposes.*

ALL ABSENCES SHALL BE REPORTED IMMEDIATELY TO HUMAN RESOURCES (Room 109, Administration Building) ON A LEAVE REQUEST/REPORT FORM.