Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

TIME AND LABOR
BATCH HEADER

DEPT ID

DEPARTMENT NAME

PAY END DATE

Payroll Specialist Name (Print): | **Telephone:**

OF DOCS
(Maximum of 50)

SET

OF

Office Use Only
DATA ENTRY JOB CONTROL

JOB ID HPCAP	BATCH ID

OPERATOR NUMBER

WRITE	INT	DATE	TOTAL RECORDS
VERIFY	INT	DATE	TOTAL RECORDS