

CENTRAL HUMAN RESOURCES
Payroll Certification Adjustment Form (PCAF)
Phone (813) 974-7955
Fax (813) 974-5084
Email UCO\_Payroll\_Processing@usf.edu

The following information is provided to assist with the proper completion of the PCAF. This will help ensure that your requests are processed timely, and will not have to be sent back for correction or clarification.

## Requested Pay Period

o The pay period number in which the payment is to be made (1701, 1702, etc.).

## Employee Current Hire Date

o The most recent hire date for the job record indicated below (in the detailed rows).

## Pay Groups

- o PEU Exception Hourly
- o POH OPS Hourly
- o POS OPS Salary
- PS3 3 Month Faculty
- o PS9 9 Month Faculty
- PSA Administrative & Professional
- PSF 12 Month Faculty
- o PSU Salaried Exempt

## Job Record

o The employee's job record number which corresponds to the payroll adjustment being made.

## Earnings Code

- o REG Regular Earnings
- o PPH Prior Period Hours
- o OVT Overtime (These hours will be paid at time and a half)

## • **FTE** (Full Time Equivalent)

o Enter the employee's FTE as indicated in job data.

#### Hourly/Biweekly Pay

- o For hourly employees, enter their standard hourly rate as indicated in job data.
- o For salaried employees, enter their standard biweekly salary as indicated in job data.
- o DO NOT PRORATE THE RATES OF PAY.

#### Combo Code

 This is only to be used for a ONE TIME combo code override – this WILL NOT replace the employee's normal distribution.

### Inclusive Dates to be Paid

- Enter the actual inclusive dates to be paid (first day to last day).
  - Example: If the pay period is 04/21/17-5/04/17 the date range on the PCAF could be entered as:
    - If the hire date was 4/24/17 Inclusive dates would be 4/24/17-5/04/17
    - If the termination date was 4/28/17 Inclusive dates would be 4/21/17-4/28/17
    - If the employee was eligible to work the entire pay period, but only worked 4/24/17-4/26/17 Inclusive dates would be 4/21/17-5/04/17



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Employee Name GEMS ID GEMS Department Number

Requested Pay Date Submitted Employee Current Hire Date

# Period Check One

**ORIGINAL CERTIFICATION** – Employee was not on the online CERTS but is entitled to payment.

**CHANGES TO ORIGINAL CERTIFICATION** – Changes in hours on the online CERTS that have already been approved. This PCAF will replace ALL hours previously certified for the indicated pay period for the listed employee and their indicated record number(s).

**CORRECTED FORM** – Corrections to original submission of PCAF.

Please add 2nd page if more lines are needed.

Pay Group	Job Record	Earnings Code	Total Hours to be Paid	FTE	Combo Code*  ( REQUIRED for  all PPH  FTE Hourly/Biweekly Pay hours listed ) Inclusive Dates to be Paid			Paid
							То	
							То	
							То	
							То	
							То	
							То	
							То	

<sup>\*</sup>This one time combo code override WILL NOT change or replace the employee's normal, permanent distribution.

## **Additional Comments**

I certify that the individual listed above is an employee of the listed department and is entitled to the compensation reported on this form.

Prepared By Prepared by Email

Certified By Prepared by Telephone

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