



BIWEEKLY SUPPLEMENTAL FORM

System Part _____ Adloc Number _____ Adloc Name _____

PIN	UIN	NAME		RATE	HRS. WKD.	PAY DUE	PART / ACCT #	SUPP ACCT	ACCTG ANLYS
		Title	Code	Date From	Date Thru				
Explanation:									

I certify that I am acquainted with the employee listed on this payroll or that I have received necessary details from persons privy to and technically qualified to substantiate effort distribution and that to the best of my knowledge and belief the employee is entitled to the payment shown in this voucher. The distribution of pay between departments and projects is correct and properly represented by the percentage of effort indicated unless subsequent written notice is given by me. This statement is issued as the after - the - fact certification for grants and contracts, unless I contact the Fiscal Office of any changes. I also ensure, if applicable, that appropriate leave has been taken by the employee in accordance with system policy when performing additional work outside the employee's current position.

Signature: _____

Date: _____