

DUKE UNIVERSITY/HEALTH SYSTEM BIWEEKLY KIEL PAYMENT FORM

To Be Completed By Department

Date Prepared:	Pay Period:	
Employee Name:	Duke ID:	Org. Key:
Current PTO or sick/vacation hours: *	Employed at:	Payroll Frequency:
*Please be advised Payroll cannot pay out donated Kiel hours until all accrued PTO or sic/vacation time is exhausted.	<input type="checkbox"/> Health System <input type="checkbox"/> University/Medical Center	Biweekly
Hourly Rate of Pay:	Total Kiel Hours to Pay:	
Daily Work Schedule: (8,10, 12 hours, etc)	Kiel Payment Amount (Hourly rate x Kiel hours):	

KIEL HOURS FOR PAYMENT

Please enter the number of Kiel donation hours that should be applied for the current pay period.

Please DO NOT record Kiel donations as PTO hours in Report Xpress or Vacation hours on the timecard.

Kiel Hours					
	Hours	Tenths		Hours	Tenths
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thurs			Thurs		
Fri			Fri		
Sat			Sat		
Sun			Sun		
Total			Total		

Prepared By: _____ Phone: _____

I certify that all of the above information is correct, and payment form submission is according to the Kiel Payment Schedule.

Authorized Signature (Required)

Date

The completed form must be received in the Kiel email box by noon on the second Friday of a pay period in order to impact pay for that period (see schedule for specific due dates). No off-cycle checks will be issued.

Please submit the completed Kiel payment form using the Multipurpose I-Form

For Corporate Duke - HR Benefits Department Only

Approved By: _____ Phone: _____

Date Approved: _____

Revised July 22