

Approving Supervisor/Manager Agreement - EmpCenter/ACT

As an approving manager/supervisor in EmpCenter/ACT, I agree to the following terms and conditions:

RESPONSIBILITIES

Guide (PAG) http://www.foundation.sdsu.edu/pag	Human Resources sections of the SDSURF Project Administration g_index.html and the Time Reporting Instructions ctions.html and agree to uphold the policies and procedures	
I agree to perform my duties as approving supervisor/manager within the allotted deadlines and will review and approve all time sheets within published deadlines.		
I will ensure that employees report to Human Resources before their first day of work to complete I-9 verification and required new hire paperwork.		
I will ensure that employees complete and submit their time reports in EmpCenter. For employees that work zero hours in a pay period, I will submit and approve a zero hour time sheet.		
I will report to SDSURF Human Resources when employees will be terminating prior to the employee's termination/ end date so that their access to EmpCenter can be terminated.		
	vords in SDSURF systems, including EmpCenter/ACT is the gree to maintain the confidentiality of my on-line User ID and	
I am fully aware and agree that my approval and certification of employee time sheets indicates the following:		
 the certified time sheet for non-exempt employees fully and accurately reports all time the employee worked during the pay period, employee was not allowed to work any time that is not recorded on the time sheet, legally entitled rest periods were made available to employee, and meal breaks were provided and accurately reported. the certified time sheet for exempt employees accurately reflects the employee has worked the time and effort reflected and any exceptions are listed for the pay period indicated. the distribution of the corresponding salary and wages for the hours listed on all time sheets is reasonable to be charged based on the funds and distributions percentages listed under the "Expense Distribution" in relation to work performed, or that the appropriate corrections have been initiated to ensure the payroll distribution is reallocated to reflect a reasonable distribution in relation to the work performed. 		
Supervisor Name:	Primary Supervisor	
	Delegate Only	
Red ID:	E-Mail:	

Signature:

Date:

Principal Investigator or Project Director

I have read and understand all of the above information and understand the responsibilities of PI / Project Director as they relate to the delegation of supervisory authority for the following employees identified on the attached list to the individual named above:

PI/PD Signature:	Date:
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Please attach a list of employees (Name, RedID, E-Mail, Job Posn) that you should be assigned to as primary supervisor.