



CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Payroll Services

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CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5151 State University Drive, Los Angeles, CA 90032

Phone

T 323.343.3680

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Web


calstatela.edu/hrm/payroll


E-Mail

payroll@calstatela.edu


Payroll Calendar


Types of Days


 Academic Workdays – days for which academic employees may be appointed, report attendance, etc.


 Campus Closure – holidays, observed holidays, and University designated closure

➤ *Monday, December 30, 2021: report leave credits due to the University designated closure*

 Master Payday – dates when paychecks and direct deposit advices are released to monthly salaried employee

 Student and Positive Attendance Pay Day – dates when paychecks are released to hourly employee

 Overtime, Shift Differential, and Stipend Payday – dates when paychecks are released to employees who

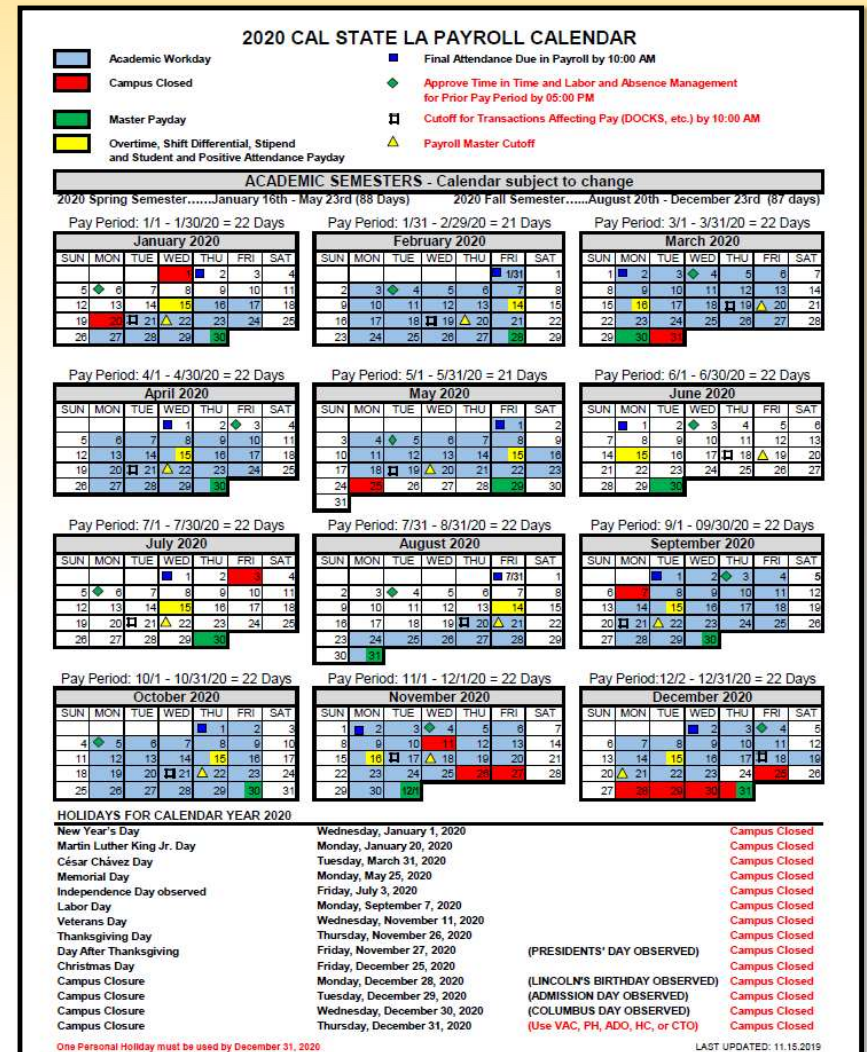
 **Final Attendance** – all corrections to absences and attendance is due by 10:00 AM

 **Approve** – all absences and attendance should be approved by this date

 **Cutoff for Transactions Affecting Pay**

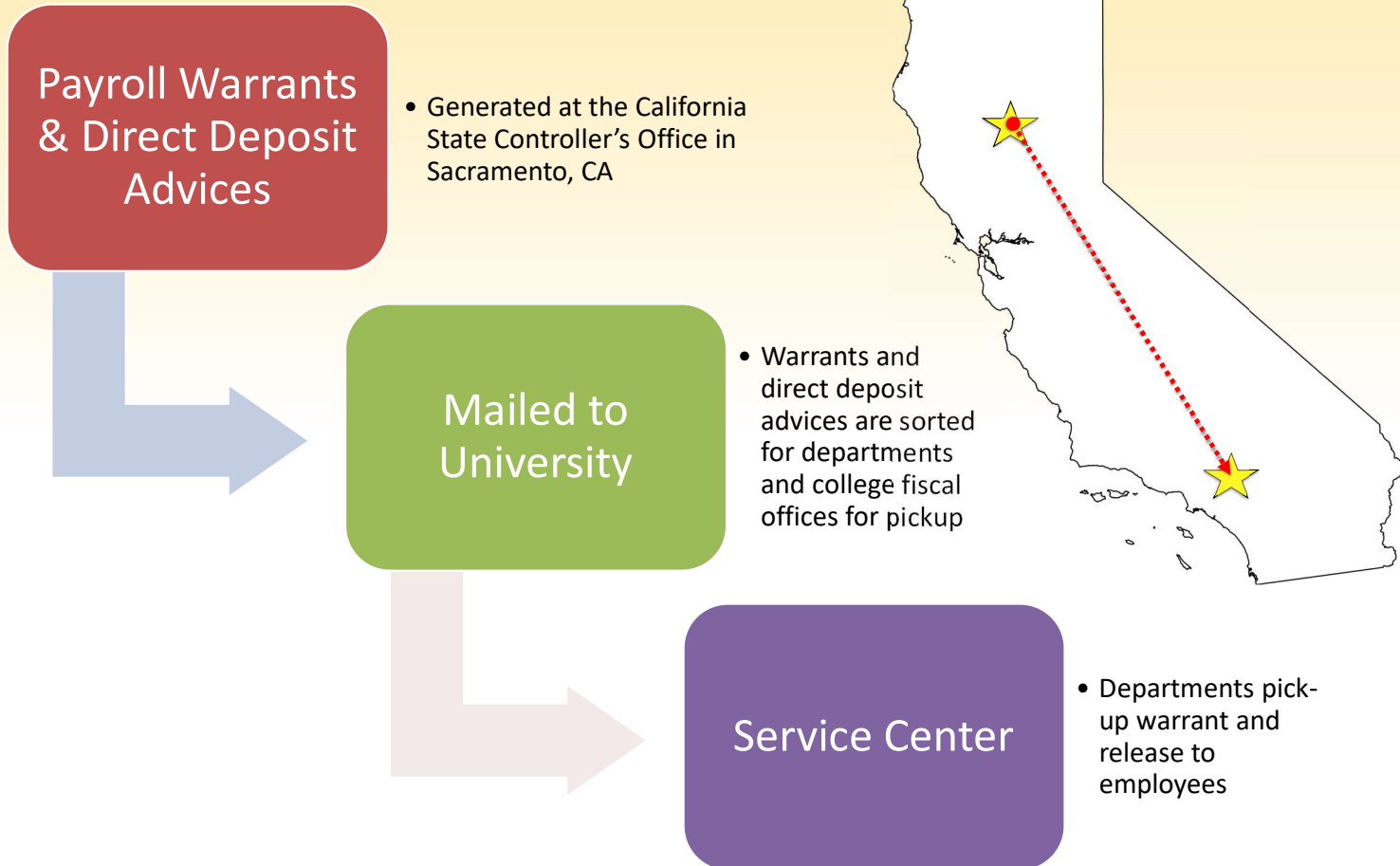
 **Payroll Master Cutoff**

<http://www.calstatela.edu/hrm/payroll-employee-information#payroll-calendar>



Method of Distribution

Payroll Warrants/Direct Deposit Advice



Cal Employee Connect

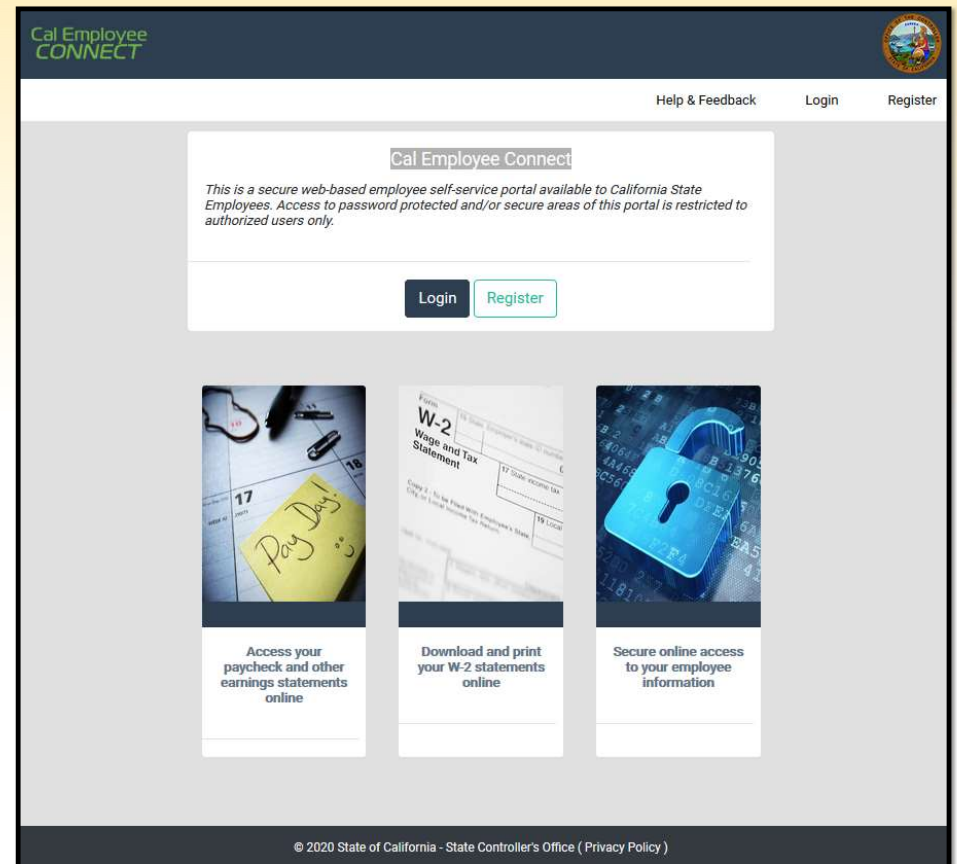
State of California – State Controller's Office

The State Controller's Office (SCO) is the Payroll "system of record" for the CSU. The SCO released Cal Employee CONNECT, the SCO's Employee Self-Service Portal application.

- Access the last three years of earnings statements
- Access the last four years of W-2s

Registration is easy and only takes a few minutes. You will need to provide your Social Security Number, date of birth, and some information from either a direct deposit advice or pay warrant notice. Upon successful validation, you will be asked to enter your email address and create a user name and password.

<https://connect.sco.ca.gov/>



Direct Deposit & Warrant/Advice

Payroll Warrants/Direct Deposit Advice

Direct Deposit

- 4-6 weeks processing time to enroll, cancel, or change
 1. Certified by payroll office
 2. Mailed to State Controllers' Office for processing
 3. Contact our office at payroll@calstatela.edu after two pay periods to follow-up on enrollment if you are still receiving payroll warrants

Warrant/Advice Overview

- a) Warrant/Advice number
- b) Name
- c) Pay Period
- d) Issue Date
- e) Federal Tax Status
- f) State Tax Status
- g) Gross Earnings
- h) Taxable Earnings
- i) Total Deductions
- j) Net Pay
- k) Year-To-Date
- l) Earnings Types
- m) Deductions Detail
- n) Employer Contributions
- o) State Controller's Office Message

STATE OF CALIFORNIA DIRECT DEPOSIT NUMBER 00-000000
DIRECT DEPOSIT ADVICE

AMOUNT DEPOSITED DOLLARS CENTS \$0000.00

TO E E NAME 233-000 AGENCY UNIT

NOT NEGOTIABLE

When changing accounts or financial institutions, notify your personnel office immediately. Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA STATEMENT OF EARNINGS AND DEDUCTIONS OFFICE OF STATE CONTROLLER

E E NAME b AGY/UNIT 233-000 PAY PERIOD 00/00 DIRECT DE # 00-000000
TAX YEAR 00 c ISSUE DATE 00/00/00 BANK TRANSIT 000000000
TAX STATUS e f FED S-00 STATE S-00

GROSS PAY g TAXABLE GROSS h DEDUCTIONS i NET PAY j
CURRENT 00000.00 00000.00 00000.00 00000.00
YEAR-TO-DATE EARNINGS k

REGULAR l 00000.00

DEDUCTIONS AMOUNT
FEDERAL TAX .00
STATE TAX .00
*RETIREMENT .00
SOC SEC .00
MEDICARE .00
*F KAISER .00
DELTA II .00
VIS-VSP .00
LTDSTANDARD .00
*457 PLAN .00
*PARKING .00
*VSPPREMIER .00 m

EMPLOYER CONTRIBUTIONS (net and adjustments)
RETIREMNT SOC SEC HLTH/FLEX
.00 .00 .00
MEDICARE DENTAL VISION
.00 .00 .00 n
LTD INS .00

o YOUR 2018 W-2 WILL BE MAILED TO THE ADDRESS LISTED BELOW. IF THIS ADDRESS IS INCORRECT, PLEASE SEE YOUR PERSONNEL/PAYROLL OFFICE. A CHANGE OF ADDRESS MUST BE COMPLETED BY DECEMBER 14 IN ORDER FOR YOUR W-2 TO BE MAILED TO YOUR CORRECT ADDRESS. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT YOUR PERSONNEL/PAYROLL OFFICE.

Mandatory Deductions

Payroll Warrants/Direct Deposit Advice

- **Federal Taxes**
- **State Taxes**
- **Retirement Plans (eligibility varies)**
 - CalPERS – percentage varies with position, date of eligibility and year
 - New members are currently contributing 7.25%
 - Social Security Tax – 6.2%
 - Medicare Tax – 1.45%
 - Savings Plus: Part-time, Seasonal, and Temporary Employees Retirement Program (PST)
 - Employee contributions – 7.5%
 - Medicare Tax – 1.45%
- **Assignment of Wages (if applicable)**
- **Garnishment/Levy (if applicable)**

STATE OF CALIFORNIA				STATEMENT OF EARNINGS AND DEDUCTIONS				OFFICE OF STATE CONTROLLER			
E E NAME				PAY PERIOD 00/00				0000			
AGY/UNIT 233-000				ISSUE DATE 00/00/00				DIRECT DEP # 00-000000			
TAX YEAR 00				TAX STATUS FED S-00 STATE S-00				BANK TRANSIT 000000000			
CURRENT				GROSS PAY				TAXABLE GROSS			
YEAR-TO-DATE				00000.00				00000.00			
EARNINGS				DEDUCTIONS				NET PAY			
REGULAR				00000.00				00000.00			
				GROSS				DEDUCTIONS			
				DAYS				AMOUNT			
				00000.00				FEDERAL TAX			
								STATE TAX			
								RETIREMENT			
								SOC SEC			
								MEDICARE			
								DELTA II			
								VIS-VSP			
								LTDSTANDARD			
								*457 PLAN			
								*PARKING			
								*VSPPREMIER			
EMPLOYER CONTRIBUTIONS (current and adjustments)											
RETIREMENT				SOC SEC				HLTH/FLEX			
.00				.00				.00			
MEDICARE				DENTAL				VISION			
.00				.00				.00			
LTD INS											
.00											

Voluntary Deductions

Payroll Warrants/Direct Deposit Advice

Including, but not limited to:

- Health Insurance Premium
- Dental Insurance
- Vision Insurance
- Life Insurance
- Parking and Transportation
- Voluntary Retirements & Savings Programs
- Additional Federal/State Tax Deductions

STATE OF CALIFORNIA		STATEMENT OF EARNINGS AND DEDUCTIONS		OFFICE OF STATE CONTROLLER	
E E NAME		PAY PERIOD 00/00		0000	
AGY/UNIT 233-000		ISSUE DATE 00/00/00		DIRECT DEP # 00-000000	
TAX YEAR 00		TAX STATUS FED S-00 STATE S-00		BANK TRANSIT 000000000	
CURRENT		GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
00000.00		00000.00	00000.00	00000.00	00000.00
YEAR-TO-DATE 1		00000.00			
EARNINGS		DAYS	HOURS	GROSS	DEDUCTIONS
REGULAR				00000.00	
				FEDERAL TAX	.00
				STATE TAX	.00
				RETIREMENT	.00
				SOC SEC	.00
				MEDICARE	.00
				*F KAISER	.00
				DELTA II	.00
				VIS-VSP	.00
				LTDSTANDARD	.00
				*457 PLAN	.00
				*PARKING	.00
				*VSPPREMIER	.00
EMPLOYER CONTRIBUTIONS (current and add-on amounts)					
RETIREMENT		SOC SEC	HLTH/FLEX		
.00		.00	.00		
MEDICARE		DENTAL	VISION		
.00		.00	.00		
LTD INS					
.00					

Lost or Stolen Payroll Warrants

Payroll Warrants/Direct Deposit Advice

If you are not enrolled into direct deposit it may take between 4-6 weeks to issue a replacement warrant. Use either method to notify us of the lost warrant.

1. Report lost or stolen warrant to payroll office.
 - a. Department administrator or assistant may e-mail payroll@calstatela.edu with the following:
 - Employee name
 - Pay period
 - Payment type (e.g. regular monthly pay, overtime pay, shift, etc.)
 - Reason for request
 - b. Visit our office with the following:
 - Valid government issued ID
 - Pay period
 - Payment type (e.g. regular monthly pay, overtime pay, shift, etc.)
 - Expected gross earnings
2. Our office will file a request for replacement warrant with the State Controller's Office.
3. The State Controller's Office will verify funds on warrant:
 - a. If funds are still available a replacement check will be issued and mailed to the payroll office.
 - b. If funds are no longer available, our office will be notified. We will contact you and additional paperwork and efforts must be made with you and the State Controller's Office.

Online Address Changes

Visit my.calstatela.edu to access the HRM self-service menu to review and update your current home and mailing addresses.

My **CAL STATE LA**

QuickLaunch

FAVORITES

Please drag/drop your favorite QuickLaunch items here.

+Add

LAUNCHPAD

QUICKLAUNCH

GETLA

HRM

Navigate from the "Main Menu" to the "Home and Mailing Address" page.

Favorites ▾ Main Menu ▾ > Self-Service ▾ > Personal Information ▾ > Home and Mailing Address

My **CAL STATE LA**

Home and Mailing Address

Employee Name

Addresses					
Address Type	Status	As Of	Country	Address	
Home	Current	00/00/0000	USA	5151 State University Drive Los Angeles, CA 90032	Edit
Mailing	Current	00/00/0000	USA	5151 State University Drive Los Angeles, CA 90032	Edit

NOTE: Do not use the "GETLA" quick launch link. Due to authentication issues, either use a different browser or clear your browser cache and restart your browser.

Tax Withholding Status

Complete the “Employee Action Request” (EAR) form to update your tax withholding Status.

1. Section B: Select “*Address Change”
 2. Section C: Complete the following fields
 - A. Social Security Number
 - B. Employee Last Name
 - C. First Name and Middle Initial
 3. Section E: Complete the following
 - A. Federal and State Allowance **AND**
 - B. Special Treatment of State Allowances (if applicable) **AND**
 - C. Additional Deductions (if applicable)

OR

 - A. Exemption from Withholding
 4. Section I: Sign and date form
- Remember to retain a copy for your records

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV 12/2020) (FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE
 01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYED

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.

1 **B** ☐ **New Employee**
 SECTIONS C, E, F, G, H, I

2 **C** ☐ **Withholding Allowance Change**
 SECTIONS C, E, I

3 **D** ☐ ***Address Change** } SECTIONS C, F, I

4 **E** ☐ **Name Change**
 (Attach substantiation)
 SECTIONS C, D, I

5 **F** ☐ **Birthdate Correction**
 SECTIONS C, H, I

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

WITHHOLDING CHANGE OR NEW EMPLOYEE *IMPORTANT***** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable State form. (For California, use Form DE-4)

I. FEDERAL WITHHOLDING – If no tax should be withheld, complete box 03, Part IV or V only.

01 ☐ **NONRESIDENT ALIEN**
 (See reverse, employee copy)

02 ☐ **MARRIED**
 (ONE INCOME)

03 ☐ **HEAD OF HOUSEHOLD**

04 ☐ **HIGHER WITHHOLDING**
 (Must be Y or N. See reverse)

05 ☐ **CLAIM DEPENDENTS**
 AMOUNT MUST BE A WHOLE NUMBER

06 ☐ **OTHER INCOME**
 NOT FROM JOBS

07 ☐ **DEDUCTIONS**

08 ☐ **EXEMPT FROM FEDERAL WITHHOLDING** – Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 ☐ (See reverse)

III. ADDITIONAL DEDUCTIONS – Part I and/or II must be completed. Complete Part I and/or II with additional Federal and/or State tax withheld from wages. IF BOXES ARE NOT CHECKED, CLOSING DEDUCTIONS (IF ANY) WILL BE CANCELLED. The first deduction made from your earnings from this employer will be processed. **Must be a dollar amount.**

11 ☐ **FEDERAL ADDITIONAL DEDUCTION**

12 ☐ **STATE ADDITIONAL DEDUCTION**

IV. EXEMPTION FROM WITHHOLDING – Write/type EXEMPT in box 03 if you are eligible to claim exemption from withholding. No Federal income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II, OR III. If you are claiming exemption from withholding because of no tax liability: Last year I did not owe Federal income tax and expect a full refund of ALL income tax withheld, AND this year I do not expect to be subject to a full refund of ALL income tax withheld.

13 ☐ **EXEMPTION FROM WITHHOLDING** – Write/type EXEMPT in box 03 if you are eligible to claim exemption from withholding. No Federal income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II, OR III. If you are claiming exemption from withholding because of no tax liability: Last year I did not owe Federal income tax and expect a full refund of ALL income tax withheld, AND this year I do not expect to be subject to a full refund of ALL income tax withheld.

II. STATE ALLOWANCES – If no tax should be withheld, complete Part IV or V only.

08 ☐ **MARRIED**
 (WITH TWO OR MORE INCOMES)

09 ☐ **REGULAR ALLOWANCE(S)**
 Total you are claiming

10 ☐ **ADDITIONAL ALLOWANCE(S)**
 Total you are claiming

14 ☐ **TAXABLE INCOME** – Check box 14 if wages you will receive are not subject to income tax withholding. I claim that I am receiving from the State as either a 1) MINISTER OF A CHURCH in the exercise of his/her ministerial duties, or 2) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

01 ☐ **EMPLOYEE ADDRESS** (Street, Rural Route, or P.O. Box)

02 ☐ **CHANGING ADDRESS** (Street, Rural Route, or P.O. Box)

03 ☐ **ZIP CODE**

04 ☐ **EMPLOYMENT LIST** – Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See reverse)

05 ☐ **WORK PHONE**

06 ☐ **HOME PHONE**

NEW EMPLOYEE – THIS INFORMATION MUST BE COMPLETED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

01 ☐ **LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY**

02 ☐ **LAST NAME (if different)**

03 ☐ **SEPARATED**

04 ☐ **LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF:** (City, County, Public School, Utility, etc.)

05 ☐ **LAST NAME (if different)**

06 ☐ **SEPARATED**

NEW EMPLOYEE OR BIRTHDATE CORRECTION

01 ☐ **BIRTHDATE**

02 ☐ **DATE**

03 ☐ **PHONE NUMBER**

PERSONNEL OFFICE USE

01 ☐ **REVIEWER'S SIGNATURE**

02 ☐ **DATE**

03 ☐ **PHONE NUMBER**

I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable State form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. I anticipate that I will incur no overcollection of current Federal income tax, Social Security and Medicare taxes. I authorize my employer via the State Controller's Office to refund any overcollection of current Federal income tax, Social Security and Medicare taxes. I certify that I shall not claim a tax refund or credit for these overcollections.

EMPLOYEE'S SIGNATURE _____ DATE _____

Leave Credits

- **Personal Holiday**
 - 1 day of paid leave per calendar year
 - Must be used by the end of the calendar year or it will be forfeited
- **You earn sick and vacation leave credits if you work a minimum of 11 days in a pay period. You cannot use any accruals in the same pay period it is earned.**
 - **All accruals are prorated to your time base.**
 - Working 40 hours per week
 - Maximum accrual: 8 sick hours per pay period
 - Working less than 40 hours per week
 - For example: employees working 20 hours a week will earn 4 sick hours per pay period
 - **Sick Leave**
 - Accruals: maximum 8 hours per pay period, prorated to your time base
 - No maximum sick leave balance
 - **Vacation Leave** (see next page for “Graduated Vacation Chart”)
 - Accruals are based on absence service credit requirements, prorated to your time base
 - For example: a brand new full-time employee will earn 6.667 hours per pay period
 - Maximum year-end balance is based on bargaining unit
 - For example: a unit 2 employee’s maximum year end balance is 320 hours

Graduated Vacation Chart

Accrual and maximum year-end balance is based on service requirements and bargaining unit, prorated to your time base.

SUMMARY OF VACATION ACCRUAL RATES			SUMMARY OF MAXIMUM VACATION AND CTO CREDITS				
SERVICE REQUIREMENTS*	MONTHLY VACATION ACCRUAL RATE	DAYS ACCRUED PER YEAR	BARGAINING UNIT OR CLASSIFICATION	ANNUAL CTO MAX*	FLSA ANNUAL CTO MAX**	MAX VACATION: LESS THAN 10 YEARS OF SERVICE	MAX VACATION: MORE THAN 10 YEARS OF SERVICE
0-3 YEARS: 1 TO 36 MONTHS	6 2/3 HOURS	10	M98	N/A	N/A	480 HOURS	480 HOURS
3-6 YEARS: 37 TO 72 MONTHS	10 HOURS	15	M80	N/A	N/A	384 HOURS	440 HOURS
6-10 YEARS: 73 TO 120 MONTHS	11 1/3 HOURS	17	UNIT 1	N/A	N/A	272 HOURS	384 HOURS
10-15 YEARS: 121 TO 180 MONTHS	12 2/3 HOURS	19	UNIT 2	120 HOURS	240 HOURS	320 HOURS	440 HOURS
15-20 YEARS: 181 TO 240 MONTHS	14 HOURS	21	UNIT 3	N/A	N/A	320 HOURS	440 HOURS
20-25 YEARS: 241 TO 300 MONTHS	15 1/3 HOURS	23	UNIT 4	120 HOURS	240 HOURS	320 HOURS	440 HOURS
OVER 25 YEARS: 301 MONTHS AND UP	16 HOURS	24	UNIT 5	120 HOURS	240 HOURS	320 HOURS	440 HOURS
VACATION ACCRUAL RATES FOR ELIGIBLE CLASSIFICATIONS IN			UNIT 6	240 HOURS	240 HOURS	272 HOURS	384 HOURS
EXECUTIVE (M98), MANAGEMENT (M80),			UNIT 7	120 HOURS	240 HOURS	320 HOURS	440 HOURS
CONFIDENTIAL (C99), FACULTY (UNIT 3) AND			UNIT 8	200 HOURS***	480 HOURS	272 HOURS	384 HOURS
ACADEMIC STUDENT (UNIT 11)			UNIT 9	120 HOURS	240 HOURS	320 HOURS	440 HOURS
	16	24	UNIT 10	240 HOURS	240 HOURS	272 HOURS	384 HOURS
			UNIT 11	N/A	N/A	80 HOURS	80 HOURS
			UNIT 12	N/A	N/A	272 HOURS	440 HOURS
			E99	120 HOURS	240 HOURS	272 HOURS	384 HOURS
			C99	120 HOURS	240 HOURS	384 HOURS	440 HOURS

* In terms of full-time service

4/28/18

*PER MOU/Policy

**PURSUANT TO FAIR LABOR STANDARDS ACT

***REFER TO APPROPRIATE MOU

Absence Management

Navigation: [Main Menu](#) > [Self Service](#) > [Time Reporting](#) > [Report Time](#) > [Report and View Absences](#)

- Always report absences within the pay period
- You must report “No Leave Taken” if there are no absences to report.

The screenshot shows the 'Report and View Absences' page for CAL STATE LA. The breadcrumb trail is: Favorites > Main Menu > Self Service > Time Reporting > Report Time > Report and View Absences. The page title is 'Report and View Absences'. Below the title, there are fields for 'Employee Name' (00000000), 'Job Classification' (0000), and 'Department Name' (000000). A 'Click for Instructions' link is present. A date range selector shows 'From 01/31/2019' and 'Through 02/28/2019'. There are two main sections: 'Existing Absence Events' and 'Enter New Absence Events'. The 'Existing Absence Events' section has a table with columns: Absence Name, Begin Date, End Date, Absence Duration, Unit Type, Absence Status, and Last Updated By. The 'Enter New Absence Events' section has a form with fields for Absence Name, *Begin Date (01/31/2019), *End Date (02/28/2019), Absence Duration, and Unit Type. There is an 'Add Comments' button with '+' and '-' icons. A 'Calculate Duration' button is also present. At the bottom, there is a 'Timesheet' section with a text area for a declaration: 'To the best of my knowledge and belief, the information submitted is accurate and in full compliance with legal and CSU policy requirements.' and a 'Submit' button.

Navigation: [Main Menu](#) > [Self Service](#) > [Time Reporting](#) > [Employee Balance Inquiry](#)

- Monthly ending balances are recorded in “Employee Balance Inquiry”
- Retroactive manual adjustments are displayed

The screenshot shows the 'Employee Balance Inquiry' page for CAL STATE LA. The breadcrumb trail is: Favorites > Main Menu > Self Service > Time Reporting > Employee Balance Inquiry. The page title is 'Employee Balance Inquiry'. Below the title, there are fields for 'Employee Name' (000000000). The main content area displays 'Last Finalized Balances'. There are tabs for 'Absence Balances', 'Compensatory Time', and 'State Service for Absence'. The 'Absence Balances' tab is selected. Below the tabs, there is a table with columns: Name, Payroll Status, EmplID, Empl Rcd Nbr, Department, Union Code, Last Finalized Period, Balances as of Date, Sick Balance, Vacation Balance, and Personal Holiday Available. The table has one row with the following data: 1, Active, 000000000, 0, 000000, E00, 2019-01, 01/31/2019, 00.000, 000.000, and 1. Below the table, there is a link for 'Graduated Vacation Chart'.

Verify with your department what your department practice is.

Time and Labor

Visit my.calstatela.edu to access the HRM self-service menu to report your attendance as an hourly employee or additional hours. *Verify with your department what your department practice is.*

Navigation: [Main Menu](#) > [Self Service](#) > [Time Reporting](#) > [Report Time](#) > [Timesheet](#)

▪ Hourly employee

- Hourly attendance (regular hours)
- Additional Hours

▪ Monthly Employees

- Additional Hours

Types of Payable Hours

- Regular
- Overtime
- Shift Differential
- Holiday Credit

Navigate from the “Main Menu” to the “Timesheet” page

Navigation: Favorites > Main Menu > Self Service > Time Reporting > Report Time > Timesheet

CAL STATE LA

Timesheet

Employee Name: _____ Employee ID: 000000000
Job Title: _____ Job Title Name: _____ Employee Record Number: 0

[Select for Instructions](#)

View By: Week *Date: 01/01/2019 [Refresh](#) << Previous Week Next Week >>

Reported Hours: 0.00 Hours Scheduled Hours: 40.00 Hours [Previous Job](#)

From Tuesday 01/01/2019 to Monday 01/07/2019

Tue 1/01	Wed 1/02	Thu 1/03	Fri 1/04	Sat 1/05	Sun 1/06	Mon 1/07	Total	Time Reporting Code	Taskgroup	Override Rate
									CSU	
									CSU	
									CSU	

[Reported Time Status - select to hide](#)

Date	Status	Total	Time Reporting Code	Comments
		0.000000		

[Reported Hours Summary - select to view](#)

[Balances - select to view](#)

[Submit](#)

[Punch Timesheet](#)
[Return to Select Job](#)
[Self Service](#)
[Time Reporting](#)

Visit our website at: www.calstatela.edu/hrm/payroll

- a) Payroll Home Page
- b) Absence Management – guides and information
- c) Time & Labor – guides and information
- d) Employee Information
 - Payroll Calendars
 - Pay Schedules
 - Holiday Calendars
 - Direct Deposit Schedules
- e) Forms
- f) Payroll Staff

