

DUKE UNIVERSITY/HEALTH SYSTEM
BI-WEEKLY KIEL PAYMENT FORM

Date Prepared: _____

Payment Pay Period: _____

EMPLOYEE INFORMATION

Duke Unique ID: _____ Org. Key (Paypoint) _____

Employee Name: _____

Last Name

First Name

Hourly Rate of Pay: _____

Daily Work Schedule: _____

Total Kiel Hours to Pay: _____

Payment Amount: _____

KIEL HOURS FOR PAYMENT

(Please enter the # of Kiel donation hours that should be applied for the current pay period)

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

DEPARTMENTAL SIGNATURES REQUIRED

Prepared By: _____ Phone #: _____

Authorized Signature: _____

(Print Authorized name and Obtain Signature)

BENEFITS ADMINISTRATION SIGNATURES REQUIRED

Approved By: _____ Phone #: _____

Date Approved: _____ Kiel Bank Balance: _____

Please return this completed form to the Benefits Department at:
Duke Benefits, PO Box 90502, 705 Broad Street, Durham, NC 27708; or Fax: (919) 681-8774

The ***original*** completed form must be received by noon on Friday to impact pay for that period (See schedule for specific due dates). **E-mails will not be accepted.**

Only record hours to be paid using Kiel donations after all other balances are depleted.

DO NOT record PTO hours in Report Xpress or Vacation hours on the timecard for Kiel donations.
No off-cycle checks will be issued