

**Employee Name**

**GEMS ID**

**GEMS Department Number**

**Requested Pay Period**

**Date Submitted**

**Employee Current Hire Date**

**Check One**

**ORIGINAL CERTIFICATION** – Employee was not on the online CERTS but is entitled to payment.

**CHANGES TO ORIGINAL CERTIFICATION** – Changes in hours on the online CERTS that have already been approved. This PCAF will replace ALL hours previously certified for the indicated pay period for the listed employee and their indicated record number(s).

**CORRECTED FORM** – Corrections to original submission of PCAF.

Please add 2nd page if more lines are needed.

Pay Group	Job Record	Earnings Code	Total Hours to be Paid	FTE	Hourly/Biweekly Pay	Combo Code* (REQUIRED for all PPH hours listed)	Inclusive Dates to be Paid	
							To	
							To	
							To	
							To	
							To	
							To	
							To	

\*This one time combo code override WILL NOT change or replace the employee's normal, permanent distribution.

**Additional Comments**

*I certify that the individual listed above is an employee of the listed department and is entitled to the compensation reported on this form.*

**Prepared By**

**Prepared by Email**

**Certified By**

**Prepared by Telephone**