

>> Transfer Hours Authorization Form

Teammate Name (please print)

Teammate ID #

____/____/____
Pay Period End Date

Teammate Signature

Title

Home Department Name or 10- digit number

Check One: ☐ Time is for Record 0 Primary Job ☐ Time is for Record 1 Concurrent Job (Must do a work rule transfer to rule with "CON" in it)

- Teammates working in a non-home department who do not have access to Kronos clock complete this form.
- Submit this form to the non-home leader for each shift you work. That leader must review and approve the form and submit or email it directly to your home department's time approver for entry in Kronos. Failure to provide this form to the non-home leader may result in delay of payment.
- This form should be maintained in the teammate's home department for at least 3 years.

| Week 1 Date | Day | Time In | Meal Break Time Out | Meal Break Time In | Time Out | Total Hours Worked | Special Pay & 2 nd Codes** | Special Pay Hours** | Transfer Hours to Dept/10-digit Transfer Dept. # | Approved by Printed Name (Must be a Time Approver) | Approved by Signature (Must be a Time Approver) | Approver Contact Phone/Pager |
|----------------|-----|---------|---------------------------|--------------------------|-------------|--------------------------|---|---------------------------|--|--|---|------------------------------------|
| | Sun | | | | | | | | | | | |
| | Mon | | | | | | | | | | | |
| | Tue | | | | | | | | | | | |
| | Wed | | | | | | | | | | | |
| | Thu | | | | | | | | | | | |
| | Fri | | | | | | | | | | | |
| | Sat | | | | | | | | | | | |

Home Department Manager's Signature for Verification of Hours before Approving _____

| Week 2 Date | Day | Time In | Meal Break Time Out | Meal Break Time In | Time Out | Total Hours Worked | Special Pay & 2 nd Codes** | Special Pay Hours** | Transfer Hours to Dept/10-digit Transfer Dept. # | Approved by Printed Name (Must be a Time Approver) | Approved by Signature (Must be a Time Approver) | Approver Contact Phone/Pager |
|----------------|-----|---------|---------------------------|--------------------------|-------------|--------------------------|---|---------------------------|--|--|---|------------------------------------|
| | Sun | | | | | | | | | | | |
| | Mon | | | | | | | | | | | |
| | Tue | | | | | | | | | | | |
| | Wed | | | | | | | | | | | |
| | Thu | | | | | | | | | | | |
| | Fri | | | | | | | | | | | |
| | Sat | | | | | | | | | | | |

Home Department Manager's Signature for Verification of Hours before Approving _____

** List each type of special pay hours such as on call hours or incentive hours separately.



Atrium Health