

**DUKE UNIVERSITY/HEALTH SYSTEM BIWEEKLY KIEL PAYMENT FORM**

**To Be Completed By Department**

Date Prepared:	Pay Period:	
Employee Name:	Duke ID:	Org. Key:
Current PTO or sick/vacation hours: *	Employed at:	Payroll Frequency:
*Please be advised Payroll cannot pay out donated Kiel hours until <b>all</b> accrued PTO or sic/vacation time is exhausted.	<input type="checkbox"/> Health System <input type="checkbox"/> University/Medical Center	Biweekly
Hourly Rate of Pay:	Total Kiel Hours to Pay:	
Daily Work Schedule: (8,10, 12 hours, etc)	Kiel Payment Amount (Hourly rate x Kiel hours):	

**KIEL HOURS FOR PAYMENT**

Please enter the number of Kiel donation hours that should be applied for the current pay period.

**Please DO NOT record Kiel donations as PTO hours in Report Xpress or Vacation hours on the timecard.**

Kiel Hours					
	Hours	Tenths		Hours	Tenths
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thurs			Thurs		
Fri			Fri		
Sat			Sat		
Sun			Sun		
<b>Total</b>			<b>Total</b>		

Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that all of the above information is correct, and payment form submission is according to the Kiel Payment Schedule.**

\_\_\_\_\_  
Authorized Signature (Required)

\_\_\_\_\_  
Date

The completed form must be received in the Kiel email box by noon on the second Friday of a pay period in order to impact pay for that period (see schedule for specific due dates). No off-cycle checks will be issued.

Please return the completed Kiel payment form to the Duke HR - Benefits Department at: [KIEL@DUKE.EDU](mailto:KIEL@DUKE.EDU)

**For Corporate Duke - HR Benefits Department Only**

Approved By: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Approved: \_\_\_\_\_