Instructions for Completing Cost Allocation Timesheet

Q&A: Cost allocated timesheets do not affect actual monthly payments; however, they are critical for properly charging federal resources and state appropriations. A missed/late timesheet will not affect a person's paycheck – HOWEVER – it does cause serious issues for Cost Accounting, Federal Reporting and the Controller's Office.

Who must complete this form?
Anyone whose position is funded by a grant and whose personnel costs are to be allocated to the RCC cost code (in order to benefit the program) based on hours reported versus another statistical method.

These instructions follow the outline of the form.

Month/Year: Enter month and calendar year. Example: 05/2014.

Employee Name: PRINT your name legibly or type it.

**RCC#: Enter the RCC code for your cost center – *4 digits only (Do not enter the Fund or FRC). RCC code is a "cost center" measure required by NC budget and accounting laws.*

**Business Officer Name: Print legibly the last name of your assigned *Business Officer* or type it.

***8 Digit Position Number: Enter your 8 digit position number (legibly or typed*). This number is NOT your personnel number- most within DPH begin with a "6". This is the number that is associated with a position vs associated with a person.*

Program: Enter the name of your program or grant.

**FRC: Enter the two-digit FRC code of your program or grant (legibly or type).

Numbered rows (1, 2, 3, etc.): These represent the actual days of the calendar month.

1. If any date falls on a weekend and you do not work weekends then shade *or put an "X",* unless working the weekend and then accurately record hours worked.
2. If any day is a work day, enter the number of hours worked in whole or in part as distributed among your FRCs. (For example: if your time is charged to 4 FRCs, and your work time is divided equally among the four, then enter 2, 2, 2, and 2 under each FRC code column for an 8-hour day.)
3. *Under non-assigned:* Enter hours for holidays and leave taken.
4. The rows and columns are formatted to automatically total across and down. *Check the totals to ensure the calculations did not get misaligned/removed.* (A data entry error or slip of the wrist can affect these.)

Employee Signature: Sign *and date* the form.

Supervisor Signature: Have your supervisor sign *and date* the form. *Supervisor's name printed is also required.*

If you do not know the RCC code, FRC code or your Business Officer, contact the DPH Budget Office.

***If you do not know your position number contact DPH Human Resources.**

**Required: timesheets are due to the DPH Budget Office no later than the
5th working day of each month.**