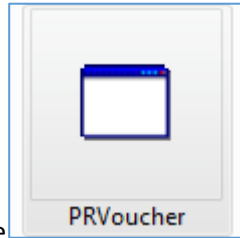


Pay Voucher Report in WFR for Vanderburgh County

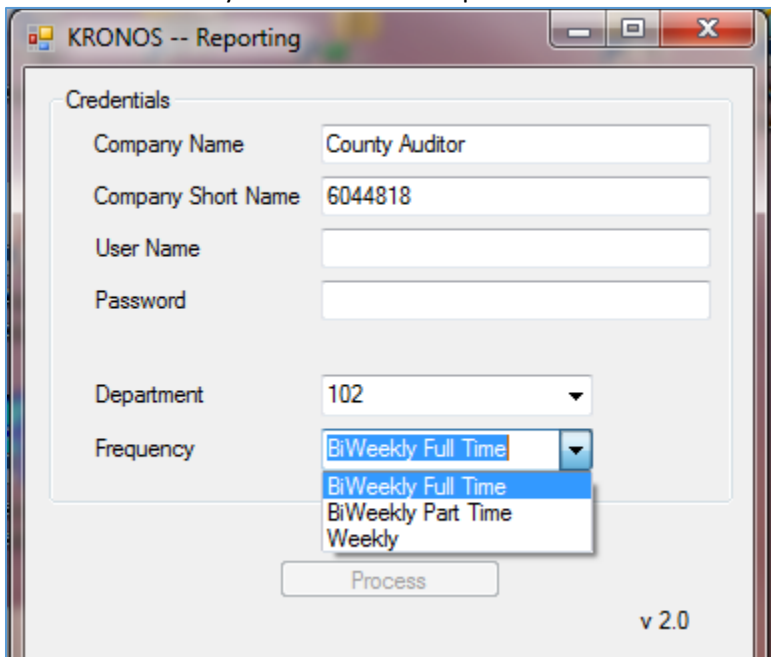
- Use this link to access the Pay Voucher App – WFR folder that is located on the Kronos drive:
\\civicnet\departments\Aud\DATA\kronos\From_NTADME\Kronos\PRVoucher

- Copy that folder (**PRVoucher080118**) to your desktop and open up the folder and run the



PRVoucher executable.

- Under Company Name type your department's name (County Auditor). This is what will appear at the top of your voucher.
- Under Company Short Name, enter 6044818 (Vanderburgh County's Account number in WFR)
- It will then ask for your username and password for WFR:

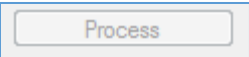
A screenshot of a Windows application window titled 'KRONOS -- Reporting'. The window contains a 'Credentials' form with the following fields:

- Company Name: County Auditor
- Company Short Name: 6044818
- User Name: (empty)
- Password: (empty)
- Department: 102 (dropdown menu)
- Frequency: BiWeekly Full Time (dropdown menu with a list of options: BiWeekly Full Time, BiWeekly Part Time, Weekly)

At the bottom of the form is a 'Process' button. The version number 'v 2.0' is displayed in the bottom right corner of the window.

- Enter your username and password for Kronos WFR. (Example: Jon.Doe and 123456)
- From the drop down menu, choose the department number for the voucher that you are running.
- Select either **All Other Departments** or the department number you wish to run if you pay multiple departments.
- Select the pay period frequency from the last drop down menu.

- After entering those, click on Process
- After you click process, it will say Report Completed



- A PDF document should appear on your desktop (mine is named 102_B-test); I am not sure what yours will be called
- Click on that PDF document to open and you should see a payroll voucher similar to this:

PAYROLL VOUCHER - VANDERBURGH COUNTY - Weekly

1176
000 **County Karen OT Test** For Period Beginning 9/12/2014 And Ending 9/18/2014
Check Date: 9/18/2014

	Sick	Vac	Per	Comp/DL SD	Reg	E CP/DL PD OT	EMP #	EMPLOYEE	Salary	OSAL TYPE	OTHER	GROSS	TOTAL
1176-000-117608	6.00	5.25	3.50	4.25	21.00	0.50	12345	Test2, Test2				920.00	
				40.00		4.00			20.0000	Hourly	TC:	0.00	920.00
1176-000-117626	0.00	0.00	0.00	1.00	39.00	2.25	1073	TRIPLETT, JAMES R				850.48	
				0.00		0.00			21.2619	Hourly	TC:	0.00	850.48
1135-000-113515	0.00	0.00	0.00	1.75	38.25	5.04	8287	WHITE, BRANDEE N				744.26	
				0.00		0.00			18.6064	Hourly	TC:	0.00	744.26
1176-000-117626	0.00	0.00	10.00	0.00	30.00	0.75	10342	WILLIAMS, TONY				715.46	
				0.00		0.00			17.8864	Hourly	TC:	0.00	715.46
1176-000-117621	0.00	0.00	0.00	2.50	37.50	3.51	7452	YOUNG, MICHAEL A				773.68	
				0.00		0.00			19.3419	Hourly	TC:	0.00	773.68
	31.5	25.25	23.5	64.25	1654.25	82.85	Total of: 45 Employees					35,737.28	35,737.28
				120		5							

- Review this voucher and any other vouchers for your payroll (if you have multiple departments).
- Sign the total page:

1000
102

PAYROLL VOUCHER - VANDERBURGH COUNTY - Weekly

For Period Beginning 9/12/2014 And Ending 9/18/2014
Check Date: 9/18/2014

County Karen OT Test

I, _____ OF **County Karen OT Test**

HEREBY CERTIFY THAT I HAVE EXAMINED THE TIME RECORD OF EACH EMPLOYEE LISTED ON PAGES 2 TO 6 OF THIS PAYROLL; THAT EACH EMPLOYEE HAS PERFORMED THE SERVICES FOR WHICH THE SALARIES OR COMPENSATION IS PAID; THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF NO PART OF THE SALARY OR COMPENSATION OF ANY EMPLOYEE LISTED HEREON IS BEING DIVIDED OR PAID TO ANY OTHER PERSON ON ACCOUNT OF OR BY REASON OF HIS EMPLOYMENT; THAT THE COMPENSATION LISTED OPPOSITE THE NAME OF EACH EMPLOYEE IS BASED UPON EITHER STATUTORY OR REGULATORY AUTHORITY AND IS JUSTLY DUE EACH SUCH EMPLOYEE; THAT THE DEDUCTIONS HAVE BEEN AUTHORIZED FOR THE PURPOSE STATED; THAT THIS PAYROLL TOTALLING \$ **35,737.28** IS CORRECT AND HAS BY ME BEEN APPROVED.

BASIC PAY

SIGNATURE OF PERSON CERTIFYING

OFFICIAL TITLE

Allowed _____

<p>FOR USE BY PERSONNEL DIVISION LISTED ON THIS PAYROLL CONTAINING 5 NAMES, 7 PAGES, AND FOR \$ 35,737.28 HAVE BEEN EXAMINED AND APPROVED AND THAT THE EMPLOYEES LISTED ARE ELIGIBLE FOR PAYMENT OF SERVICES UNDER THE PROVISIONS OF THE STATE PERSONNEL ACT.</p> <p>_____ DIRECTOR OF STATE PERSONNEL</p> <p>Date _____ BY _____</p>	<p>I HAVE EXAMINED THE WITHIN CLAIM AND HEREBY CERTIFY AS FOLLOWS:</p> <p>THAT IT IS IN PROPER FORM. <input type="checkbox"/></p> <p>THAT IT IS DULY AUTHENTICATED AS REQUIRED BY LAW.</p> <p>_____ THAT IT IS BASED UPON (CONTRACT <input type="checkbox"/> (STATUTORY AUTHORITY. <input type="checkbox"/></p> <p>THAT IT IS APPARENTLY (CORRECT <input type="checkbox"/> (INCORRECT. <input type="checkbox"/></p> <p>_____</p>	<p>IN THE SUM OF \$ 35,737.28</p> <p>_____ _____ _____ (BOARD OR COMMISSION) _____ FILED _____ OFFICIAL TITLE</p>
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- Return signed copy to Payroll in Bookkeeping with the page above stapled on top.