

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Department of Human Resources Management

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-Please print or type

System for Time and Attendance Recording (STAR)

NOTE: This form must accompany PEAR Form for all new bi-weekly employees and when Human Resource actions affect STAR status.

For all new, bi-weekly employees, please complete items 1 through 9.

For Bi-weekly employees already on STAR System and for card reissues, please complete items 1 through 9, and any other items that have changed.

1. Check One:

New/Add Employee

Change

2. Effective Date:

3. Requesting Department:

(Name)

(Unit Number)

4. Employee Name:

(Last)

(First)

(M.I.)

5. Employee Number:

6. Class Profile:

7. Web Profile:

8. Home Clock:

9. Department Approval: _____

(Signature)

(Date)

(Title)

INSTRUCTIONS FOR COMPLETING
SYSTEM FOR TIME AND ATTENDANCE RECORDING FORM

Use this form in conjunction with the Position/Employee Action Request (PEAR) form for all biweekly employees who are using the System for Time and Attendance Recording (STAR). The STAR form should accompany the PEAR form for any changes to an employee's STAR card number, home department, class profile, restriction profile, or home clock assignment.

1. Check One: Check the appropriate employee action. *Add Employee* applies to all new biweekly employees who will be using the STAR system. *Change* applies to employees whose home department number, class profile, restriction profile, or home clock assignment is changing. *Reissue STAR card* applies to employees who receive a replacement STAR card.
2. Effective Date: Indicate the date on which the requested action should take effect.
3. Requesting Department: Indicate the title of the department from which the STAR form originated.
Unit Number: Indicate the unit number from which the STAR form originated.
4. Employee Name: Fill in the employee's last name (and suffix, when applicable), first name, and middle initial as recorded in the Human Resources/Payroll system.
5. Employee Number: Indicate the employee's Medical University of South Carolina employee number.
6. Class Profile: Indicate the appropriate class profile code. The class profile code for an employee is determined by the length of the employee's lunch period and the shift differential rules which apply to the position.
7. Restriction Profile: Indicate the appropriate restriction profile code. The restriction profile code for an employee is determined by whether or not an employee regularly works shifts longer than 17 hours.
8. Home Terminal/Clock: Indicate the home terminal (home clock) number. The employee will use the home clock to obtain total hours worked and other STAR information.
9. Department Approval: Signature of approving authority for human resources activities.

Date: Date of signature

Title: Title of approving authority who signed the STAR form.

The bottom section of the STAR form should be completed by the Department of Human Resources Management upon receipt.

Commonly Used STAR Home Terminals

(Use Card Reader Number from 2nd column on STAR form)

Location	Card Reader Number
36 Bennett Street	140 01 01
Basic Science Building - 1st Floor	501 01 01
Children's Hospital	903 03 02
Clinical Science Building – 1st Floor	601 01 01
Clinical Science Building – 3rd Floor	603 03 01
Clinical Science Building – 5th Floor	605 05 01
Clinical Science Building – 6th Floor	606 06 01
Clinical Science Building – 7th Floor	607 07 01
Clinical Science Building – 8st Floor	608 08 01
Clinical Science Building – 9st Floor	609 09 01
College of Nursing - 1st Floor	112 01 01
Harborview - 1st Floor	810 01 01
Harborview - 5th Floor	810 05 01
Harborview - 7th Floor	810 07 01
Harper Student Center	975 01 01
Parking Garage II - 2nd Floor	163 02 01
Public Safety - Doughty Street	830 01 01
Public Safety - College of Charleston	830 99 01
Quadrangle E	105 02 01
St. Francis Annex - 1st Floor	590 01 01
Strom Thurmond Building - 1st Floor	770 01 01
University Transportation	198 01 01
Warehouse	197 01 01