Eastern Washington University

Part-Time Employees Time Sheet for Pay Period _____1-15, _____

Time sheet must be completed in ink. Time In/Time Out must be entered. Do not submit unsigned time sheet.

Check all that apply:

    Student Employee

       Work-Study

       Non-Work Study

    Non-Student Employee

EWU ID _____

Employee Name _____

Employee Phone No. _____

Position Number	Position Title	Budget Number	Rate of Pay
_____	_____	_____	_____
_____	_____	_____	_____

Department _____   Phone No. _____

Please enter all time in hours and decimals

Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Paid Sick Leave Hours	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

I certify that this time sheet is a true statement of the hours worked by me.

Employee Signature _____

I certify that the employee has worked the hours recorded each day.

Supervisor's Signature _____

Supervisor's Name _____

Phone # _____

Total Regular Hours Worked	
Total Sick Leave Reported	
Total Overtime Hours Worked	
Total Hours Reported	

The original of this form is to be sent to Payroll. A copy is to be kept by the department for three years for auditing purposes. The standard work week for overtime payment is from Monday midnight to Sunday Midnight.

Revised 12/15/2017