

Eastern Washington University

| |
|------------------------------------|
| Work Week |
| <input type="checkbox"/> Regular |
| <input type="checkbox"/> Alternate |

Exempt (overtime eligible) Time Sheet for Month of _____ Year _____
Daily entries must be in hours and decimals. Type or use black/blue pen.

Name _____ EWU ID Number _____
Last First MI

Department _____ Phone Number _____ Percent of Time _____ Days Off _____

Work Shift _____

| | | Earn Code | Total | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-------------------|----------------------------------|-----------|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Regular Time | Regular Time Worked | HRS | | | | | | | | | | | | | | | | | | |
| Paid Leave Taken | Vacation Leave | VAC | | | | | | | | | | | | | | | | | | |
| | Sick Leave | CSL | | | | | | | | | | | | | | | | | | |
| | Personal Holiday | PH | | | | | | | | | | | | | | | | | | |
| | Compensatory Time Taken | CMP | | | | | | | | | | | | | | | | | | |
| | Civil/Jury Leave | CLV | | | | | | | | | | | | | | | | | | |
| | Bereavement Leave | BLV | | | | | | | | | | | | | | | | | | |
| | Military Leave | MLV | | | | | | | | | | | | | | | | | | |
| | Other Paid Leave | OPL | | | | | | | | | | | | | | | | | | |
| | Release Time – Union Activity | REL | | | | | | | | | | | | | | | | | | |
| | Shared Leave Taken | SLT | | | | | | | | | | | | | | | | | | |
| | Emergency Child Care – Comp | ECC | | | | | | | | | | | | | | | | | | |
| | Emergency Child Care – Vacation | ECV | | | | | | | | | | | | | | | | | | |
| | Emergency Child Care – Sick | ECS | | | | | | | | | | | | | | | | | | |
| | Emergency Child Care – LWOP | ECL | | | | | | | | | | | | | | | | | | |
| Leave Without Pay | Leave Without Pay – Cyclic | LWC | | | | | | | | | | | | | | | | | | |
| | Leave Without Pay – Other | LWO | | | | | | | | | | | | | | | | | | |
| Additional Pay | Paid Overtime | OVT | | | | | | | | | | | | | | | | | | |
| | Call Back Pay | CBP | | | | | | | | | | | | | | | | | | |
| | Standby Pay | SBP | | | | | | | | | | | | | | | | | | |
| | Premium Pay – Holiday Worked | HWK | | | | | | | | | | | | | | | | | | |
| | Shift Differential | SD2 | | | | | | | | | | | | | | | | | | |
| | Straight Time Pay | STP | | | | | | | | | | | | | | | | | | |
| Comp Time Earned | Comp Time Earned – 1.5 Rate | CTE | | | | | | | | | | | | | | | | | | |
| | Comp Time Earned – Straight Time | CT1 | | | | | | | | | | | | | | | | | | |

| | |
|--|------|
| Employee's Signature I certify the above record is true and correct | Date |
| Supervisor's Signature I certify the above record is true and correct | Date |