

Eastern Washington University

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

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

Name _____ EWU ID Number _____
Last First MI

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

Work Shift _____

		Earn Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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 _____