

Eastern Washington University

Part-Time Employees Time Sheet for Pay Period _____ 16-31, _____

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
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

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