

# 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