## Eastern Washington University

Exempt (eligible and not eligible for overtime)
$\qquad$ 20

## Instructions:

1. If the employee is eligible for overtime, he/she must submit a time report for each pay period showing regular hours worked.
2. If the employee is not eligible for overtime, he/she must submit a time report only if there is paid leave or leave without pay.
3. Daily entries must be in hours and decimals. Please type or use black/blue pen.
4. For comp time earned, enter actual comp time hours worked by date. Multiply actual hours by 1.5 and enter the result in the total column at the left.

Name $\qquad$
Last
First
MI
EWU ID $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Department $\qquad$ Percent of Time $\qquad$ Days Off $\qquad$
Phone Number
___Days Off

|  |  | 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 Taken | BLV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Military Leave | MLV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Other Paid Leave | OPL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shared Leave | Shared Leave Taken | SLT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Leave Without Pay | Leave Without Pay - Cyclic | LWC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Leave Without Pay - Other | LWO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Pay | Straight Time Pay | STP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comp Time Earned | Comp Time Earned - 1.5 Rate | CTE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Comp Time Earned Straight Time | CT1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee's Signature <br> I certify the above record is true and correct |  |  |  |  |  |  |  |  |  |  | Date |  |  |  |  |  |  |  |
| Supervisor's Signature <br> I certify the above record is true and correct |  |  |  |  |  |  |  |  |  |  | Date |  |  |  |  |  |  |  |

