

Eastern Washington University

Pay Period

1st through 15th

16th through 30th/31st

Exempt Time Sheet for Month of _____ Year _____

Daily entries must be in hours and decimals. Type or use black/blue pen.

Instructions:

1. If the **employee is eligible for overtime**, a time report for each pay period showing regular hours worked must be submitted.
2. If the **employee is not eligible for overtime**, a time report must be submitted only if there is paid leave or leave without pay.
3. 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 _____ EWU ID Number _____
Last First MI

Department _____ Phone _____ Appointment % (FTE) _____

		PFML Checkbox	Earn Code	Row Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
					16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Regular Time	Regular Time Worked		HRS																		
	Holiday - PFML		PMH																		
	Vacation Leave		VAC																		
	Sick Leave		CSL																		
	Personal Holiday		PH																		
	Personal Leave Day (PSE only)		PLD																		
	Compensatory Time Taken		CMP																		
	Paid Leave Taken	Civil/Jury Leave		CLV																	
		Bereavement Leave		BLV																	
		Military Leave		MLV																	
		Other Paid Leave		OPL																	
		Release Time - Union Activity		REL																	
		Shared Leave Taken		SLT																	
Leave Without Pay	Leave Without Pay - Cyclic		LWC																		
	Leave Without Pay - Other		LWO																		
	Faith or Conscience Holiday		FCH																		
Additional Pay	Paid Overtime		OVT																		
	Premium Pay - Holiday Worked		HWK																		
	Straight Time Pay		STP																		
Comp Time Earned	Comp Time Earned - 1.5 Rate		CTE																		
	Comp Time - Holiday on day off		CT1																		
Total Hours for Pay Period																					

Employee's Signature _____ I certify that the time entered represents a true and accurate record of my time.	Date _____
Supervisor's Signature _____ I certify the above record is true and correct.	Date _____