## **Eastern Washington University**

				for Pay Period In/Time Out mu			it unsigned time s	sheet.
Check all that apply: Student Employee Work-Study Non-Work Study Non-Student Employee			Employe Employe	EWU ID Employee Name Employee Phone No. Position Number		on Title		Poto of Pov
			POSITI			Position Title		Rate of Pay
Depai	rtment						Phone No	
		<del></del>		ter all time in ho	urs and decim		Paid Sick Leave	
Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Hours	Total Hours
1								
2								
3								
4								
5								
6								
7							1	
8							1	
9							1	
10		†					1	
11							1	
12		†					1	
13							1	
14							1	
15							1	
I certi	I certify that this time sheet is a true statement of the hours worked by me.  Total Regular Hours Worked							
Emplo	oyee Signature					Total Sick Leave Reported		
I certify that the employee has worked the hours recorded each day.  Supervisor's Signature						Total Overtime Hours Worked		
		<u> </u>				-		
Supervisor's Name						Total Hours Reported		1

The original of this form is to be sent to Payroll. A copy is to be kept by the department for three years for auditing purposes. The standard work week for overtime payment is from Monday midnight to Sunday Midnight.