Eastern Washington University

		t-Time Employee					 it unsigned time s	choot	
	Time sheet ii	ust be complete		iii/ Tilile Out iiii	ust be entered	i. Do not subini	t unsigned time s	illeet.	
Check	k all that apply	:	EWU ID						
Student Employee			Employee Name						
	Work-Stud	yk	Employe	Employee Phone No.					
Non-Work Study			Position Number		Position Title		Budget Number	Rate of Pay	
Non-Student Employee									
Depar	rtment					P	hone No		
<u> </u>			Please en	ter all time in ho	ours and decin				
Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Paid Sick Leave Hours	Total Hours	
16									
17									
18									
19									
20				1			1		
21						-	1		
22		†					1		
23		†					1		
24		†		+			1		
25		†					1		
26		†		+			1		
27							1		
28		† †					1		
29				+			1		
30		1		+			+		
31				+			+		
I certi	fy that this time	e sheet is a true st	atement of the h	nours worked by r	me.	Total Regular	Hours Worked		
Employee Signature						Total Sick Leave Reported			
	I certify that the employee has worked the hours recorded each day.								
Supervisor's Signature Total Overtime H							e Hours Worked		
	visor's Name								
Phone #						Total Hours Reported			