

# Eastern Washington University

Part-Time Employees Time Sheet for Pay Period \_\_\_\_\_ 1-15, \_\_\_\_\_

**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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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	