




HOURLY TIME SHEET

(write in pen)

Employee Name (print) <i>Jonathon Gage Winde</i>	Signature: <i>Jonathon G. Winde</i>
---	--

Approved by (immediate supervisor)* 

Month <i>August</i>	Check if OT approved on reverse ←-- --→	Month
------------------------	--	-------

Date	Hours worked	Overtime**			Date	Hours worked	Overtime**
1					16		
2					17		
3					18		
4					19		
5					20		
6					21		
7					22		
8					23		
9					24		
10	3				25		
11	5				26		
12					27		
13					28		
14	2				29		
15					30		
					31		
TOTAL	10				TOTAL		

Office Use Only					
Budget	Pay Rate	PPE	Earn Type	Units/Hours	Calculation

Date Time Sheet Rcd
Date Hours Reported
Date Paid

Reviewed by: _____

*DO NOT return a reviewed and signed time sheet to the employee. The supervisor is responsible for forwarding the completed form to the Payroll Coordinator.

**Overtime work must be approved in advance by the supervisor by note in the space provided on the back of this form. UNAUTHORIZED overtime will not be compensated.

RETURN TO: DAVE ERICKSON
120 AERB • Box 352250 • SEATTLE, WA 98195-2250
206.543.6323 • FAX 206.543.4719 • SUPPO@UW.EDU