



HOURLY TIME SHEET

(write in pen)

Employee Name (print) <i>Alec Bueing</i>	Signature: <i>Alec Bueing</i>
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Approved by (immediate supervisor)*
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Month <i>August, 2015</i>	Check if OT approved on reverse ← -- →	Month
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Date	Hours worked	Overtime**			Date	Hours worked	Overtime**
1					16		
2					17		
3	9:30 AM - 1:30 PM				18		
4	10:00 AM - 3:00 PM				19		
5	10:00 AM - 3:00 PM				20		
6	10:30 AM - 11:30 AM				21		
7					22		
8					23		
9					24		
10	10:30 AM - 2:30 PM				25		
11	10:00 AM - 12:00 PM				26		
12					27		
13	12:30 PM - 2:30 PM				28		
14					29		
15	9:00 AM - 11:00 AM				30		
					31		
TOTAL	<i>20 hours</i>				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
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