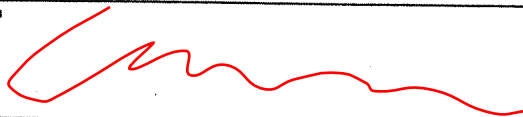




HOURLY TIME SHEET

(write in pen)

Employee Name (print) Brendan Doyle-Wade	Signature:
--	-------------------

Approved by (immediate supervisor)* 
--

Month October	Check if OT approved on reverse ← -- -->	Month
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Date	Hours worked	Overtime**	Date	Hours worked	Overtime**
1	1		16		
2	1		17		
3	1		18		
4	1		19		
5	1		20		
6			21		
7			22		
8	1		23		
9			24		
10	1		25		
11	1		26		
12			27		
13			28		
14	1		29		
15	1		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

APPROVAL OF OVERTIME WORK

Describe the date(s), time(s), work to be performed, and any other defining or limiting factors.

Supervisor (print name)

Signature

Date approved:

2015 PAYROLL SCHEDULE		
<u>Pay Period</u>	<u>Timesheets Due</u> <u>(Due by 1:00)</u>	<u>Payday</u>
Jun 1-15	June 19	Jun 25
Jun 16-30	July 6	Jul 10
July 1-15	July 20	July 24
July 16-31	Aug 4	Aug 10
Aug 1-15	Aug 19	Aug 25
Aug 16-31	Sep 3	Sep 10
Oct 1-15	Oct 20	Oct 26
Oct 16-31	Nov 4	Nov 10
Nov 1-15	Nov 19	Nov 25
Nov 16-30	Dec 4	Dec 10
Dec 1-15	Dec 18	Dec 24
Dec 16-31	Jan 5	Jan 11