



HOURLY TIME SHEET

* (Write in pen) *

Employee Name (print) <i>Alec Bueing</i>	Signature: <i>Alec Bueing</i>
Approved by (Immediate supervisor)* <i>[Signature]</i>	

Month	Month <i>September, 2015</i>
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Date	Hours worked	Overtime**	Check if OT approved on reverse ← →	Date	Hours worked	Overtime**
1				16		
2				17	3	
3				18		
4				19		
5				20		
6				21	3	
7				22	4	
8				23		
9				24		
10				25	3	
11				26		
12				27		
13				28	3	
14				29	6	
15				30		
				31		
TOTAL				TOTAL	22	

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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