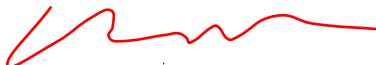




HOURLY TIME SHEET

(write in pen)

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

Approved by (immediate supervisor)* 
--

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

Date	Hours worked	Overtime**			Date	Hours worked	Overtime**
1					16	<i>2.5</i>	
2					17		
3					18		
4					19	<i>3.5</i>	
5					20		
6					21	<i>4</i>	
7					22	<i>4</i>	
8					23	<i>3</i>	
9					24		
10					25		
11					26	<i>4</i>	
12					27		
13					28	<i>3</i>	
14					29	<i>3.5</i>	
15					30	<i>2.5</i>	
					31		
TOTAL					TOTAL	<i>30</i>	

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