



## 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)* <i>[Signature]</i>
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Month	Month <i>July 2015</i>
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Check if OT  
approved on  
reverse  
← →

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	10:00AM-4:00PM	
10					25		
11					26		
12					27	10:00AM-2:00PM	
13					28	10:30AM-1:30PM	
14					29	10:30AM-1:30PM	
15					30		
					31		
TOTAL					TOTAL	16 hours	

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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