



HOURLY TIME SHEET

(write in pen)

Employee Name (print) <i>Jonathon Gage Winde</i>	Signature: <i>Jonathon G Winde</i>
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Approved by (immediate supervisor)* 

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

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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