



UNIVERSITY OF WASHINGTON  
 SCHOOL OF ENVIRONMENTAL AND FOREST SCIENCES  
 Box 352100

# HOURLY TIME SHEET

Print Employee Name

Job Title

Employee ID Number or S.S.N.

Month and Year

Budget Number

Hourly rate

Employee Signature

Authorized Signature\*

Authorized Person Printed Name Please!

\*By my signature I certify that all statements on this timesheet are true, and that all charges are appropriate to this budget.

**INSTRUCTIONS** Please include AM/PM when entering times (e.g., 9:00 am, 9:15 am, 1:00 pm, 6:30 pm, etc.)

▪ Timesheet **CUTOFF Dates** are the **15TH** and **THE LAST DAY** of each month. Timesheets are **DUE** the next University **WORK DAY** after the **CUTOFF Date**.

**1st PAY PERIOD OF THE MONTH**

Total hours per day (exclude lunchbreaks)

| Day of Month                   | 1st time period |          | 2nd per. (if applicable) |          | DAILY Total | Weekly Total (Sun-Sat) |
|--------------------------------|-----------------|----------|--------------------------|----------|-------------|------------------------|
|                                | Start Time      | End Time | Start Time               | End Time |             |                        |
| 1                              |                 |          |                          |          | 0.00        |                        |
| 2                              |                 |          |                          |          | 0.00        |                        |
| 3                              |                 |          |                          |          | 0.00        |                        |
| 4                              |                 |          |                          |          | 0.00        |                        |
| 5                              |                 |          |                          |          | 0.00        |                        |
| 6                              |                 |          |                          |          | 0.00        |                        |
| 7                              |                 |          |                          |          | 0.00        |                        |
| 8                              |                 |          |                          |          | 0.00        |                        |
| 9                              |                 |          |                          |          | 0.00        |                        |
| 10                             |                 |          |                          |          | 0.00        |                        |
| 11                             |                 |          |                          |          | 0.00        |                        |
| 12                             |                 |          |                          |          | 0.00        |                        |
| 13                             |                 |          |                          |          | 0.00        |                        |
| 14                             |                 |          |                          |          | 0.00        |                        |
| 15                             |                 |          |                          |          | 0.00        |                        |
| <b>TOTAL - 1ST PAY PERIOD:</b> |                 |          |                          |          | 0.00        |                        |

|                                                                                             |                                                |               |
|---------------------------------------------------------------------------------------------|------------------------------------------------|---------------|
| <b>OVERTIME</b><br>†Time in excess of 40 hrs/week requires supervisor's approval in advance | †PI/Supervisor advance approval for O/T hours: | O/T Hrs:<br>- |
|---------------------------------------------------------------------------------------------|------------------------------------------------|---------------|

**2nd PAY PERIOD OF THE MONTH**

Total hours per day (exclude lunchbreaks)

| Day of Month                   | 1st time period |          | 2nd per. (if applicable) |          | DAILY Total | Weekly Total (Sun-Sat) |
|--------------------------------|-----------------|----------|--------------------------|----------|-------------|------------------------|
|                                | Start Time      | End Time | Start Time               | End Time |             |                        |
| 16                             |                 |          |                          |          | 0.00        |                        |
| 17                             |                 |          |                          |          | 0.00        |                        |
| 18                             |                 |          |                          |          | 0.00        |                        |
| 19                             |                 |          |                          |          | 0.00        |                        |
| 20                             |                 |          |                          |          | 0.00        |                        |
| 21                             |                 |          |                          |          | 0.00        |                        |
| 22                             |                 |          |                          |          | 0.00        |                        |
| 23                             |                 |          |                          |          | 0.00        |                        |
| 24                             |                 |          |                          |          | 0.00        |                        |
| 25                             |                 |          |                          |          | 0.00        |                        |
| 26                             |                 |          |                          |          | 0.00        |                        |
| 27                             |                 |          |                          |          | 0.00        |                        |
| 28                             |                 |          |                          |          | 0.00        |                        |
| 29                             |                 |          |                          |          | 0.00        |                        |
| 30                             |                 |          |                          |          | 0.00        |                        |
| 31                             |                 |          |                          |          | 0.00        |                        |
| <b>TOTAL - 2ND PAY PERIOD:</b> |                 |          |                          |          | 0.00        |                        |

|                                                                                             |                                             |               |
|---------------------------------------------------------------------------------------------|---------------------------------------------|---------------|
| <b>OVERTIME</b><br>†Time in excess of 40 hrs/week requires supervisor's approval in advance | †PI/Sprvrsr advance approval for O/T hours: | O/T Hrs:<br>- |
|---------------------------------------------------------------------------------------------|---------------------------------------------|---------------|