

PART-TIME CLASSIFIED EMPLOYEE TIMESHEET

NAME:																	
ID #:																	
Work Schedule Days/Hours:																	
Month:																	

Hours		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Worked	Regular Hours																	
	Overtime Pay																	
	Overtime Accrue																	
	Holiday																	
	Other																	
Premium	Haz Mat Diff.																	
	Shift Diff.																	
	Call Back (1)																	
	Standby																	
Taken	Sick Leave																	
	Vacation Leave																	
	Personal																	
	Comp/Exchange																	
	Holiday																	
	LWP-Other (2)																	
	LWOP																	

Hours		18	19	20	21	22	23	24	25	26	27	28	29	30	31	Pay	Accrue
Worked	Regular Hours																
	Overtime Pay																
	Overtime Accrue																
	Holiday																
	Other																
Premium	Haz Mat Diff.																
	Shift Diff.																
	Call Back (1)																
	Standby																
Taken	Sick Leave																
	Vacation Leave																
	Personal																
	Comp/Exchange																
	Holiday																
	LWP-Other (2)																
	LWOP																

(1) 2 hours or less will be paid; more than 2 hours worked may be paid or accrued

(2) Explanation required in remarks section

Remarks:

PAID Total _____

LWOP: _____

Total: _____

O.T.	C.B.	OTHER	INDEX

I certify that the above hours are correct

Employee Signature

Supervisor Signature



EASTERN OREGON
UNIVERSITY