Western Oregon UNIVERSITY

HOURLY TEMPS/ UNCLASSIFIED/ FACULTY

TIME AND ATTENDANCE RECORD

EMPLOYEE NAME_____

EMPLOYEE V #_____

DEPARTMENT_____

MONTH_____ **YEAR**_____

EARN CODE	HOURS	RATE	TOTAL	INDEX	ACCT CODE	NATURE OF WORK
TOTALS						

Remarks : _____

_____

I certify that the recorded hours are correct:

_____

Employee Signature **Date**

I have reviewed the recorded hours:

_____

Supervisor Signature **Date**

Date	Show Actual Hours Worked (ie 8am-12pm / 1pm-5pm)	Regular Hours	Over-time Hours	Shift Differ-ential Hours	Sick Leave Used	
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Paid Hours					
	Extra Pay					TOTAL HOURS