

SIBCR NON-EXEMPT TIME SHEET

Send to Mail Stop 151F or FAX 764-2742 or Deliver to Bldg. 1/Room 520
 Time Sheets are due the last WORKING day of the month

Pay Period Ended _____

 EMPLOYEE NAME (please print)

Type/Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Regular																																	
Overtime*																																	
Holiday																																	
Vacation																																	
Sick																																	
Other																																	
																Total Hours																	

*Overtime must be pre-approved by supervisor

RECORD OF EFFORT

PROJECT NUMBER	DESCRIPTION	% SALARY
Total		

Employee

By signing below, I certify this time sheet is an accurate record of all hours worked during this pay period. The hours as taken for vacation, sick leave, holiday, and any other time taken is accurately recorded. These hours do not conflict with other VA/UW work hours.

 Employee Signature

Supervisor

By signing below, I certify this record of effort to represent a reasonable estimate of the distribution of effort and hours for the current pay period.

 Supervisor Signature (Required)