



## Seattle Institute for Biomedical and Clinical Research

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To: SIBCR Hourly Employees (Salary Employee use the Exempt time sheet)

Following is a brief explanation of the information required on the time sheet. Timesheets are due according to schedule, <http://www.sibcr.org/internal/hr/timesheets.html> If you have any questions or need more copies of the timesheet, please feel free to contact SIBCR at 206-764-2929 or 206-764-2971. The timesheet is also available on <http://www.sibcr.org/images/docs/timesheetmaster.xls>

- EMPLOYEE: Your name.  
MONTH/YR: Month and year for pay period.  
DATE: Day worked.  
FROM: Starting time.  
TO: Ending time. **This time must include the non-paid 1/2-hour required to be taken for lunch if you work more than 5 hours. Washington State Law mandates this.**
- REG. HRS: Regular hours. The amount of time worked daily. For example, if you work 8:00 - 4:30, you are paid for 8 hours regular time, not 8.5 hours, taking in to account the 1/2-hour lunch break.
- O/T HRS: Overtime hours. The amount of time **worked** weekly beyond 40 hours per workweek. The time worked over 40 hours will be paid at 1.5 times the regular rate. For example, if your worked 45 hours in one week 40 hours would be paid at the regular rate and 5 hours at overtime; there is not daily overtime. These overtime rules do not apply to employees who are exempt from FLSA.
- SL W/PAY: Sick leave with pay. For those that have this benefit, it is the amount of time taken off work due to illness or related absence.
- V W/PAY: Vacation with pay. For those that have this benefit, it is the amount of time taken off work due to vacation or related absence.
- OTHER: Dependent upon your supervisor's approval, this category can be used for unpaid leave.
- HOLIDAY: Time taken for a paid SIBCR holiday. Enter the number of hours you would have normally worked had it not been a holiday. This is calculated as regular time. See the Employee Information and Personnel Procedures Manual to see if you qualify.
- TOTAL (at right): Total of time worked or leave taken during the day.  
TOTAL (at bottom): Total of time worked or leave taken per category, for the month. The two totals should equal each other in the bottom right hand corner.
- EMPLOYEE SIGNATURE: Your signature. \*  
PI/DESIGNEE SIGNATURE: The signature of the investigator whose account you are working under or his/her designee. Call 206-764-2971 to find out if there is a designee.
- ACCOUNT #: If you know which account you are working under, you may fill in, otherwise leave blank.
- SIBCR AUTH. SIGNATURE: After reviewing each time sheet, SIBCR management initials that it is complete and correct.

\* In order to process your time sheet for payment, you must provide these signatures.

**PLEASE NOTE:** Leave and Earning Statements will be mailed to your house for your review.