SIBCR NON-EXEMPT TIME SHEET

Send to FAX 206-204-6190 or EMAIL timesheets@sibcr.org

Time Sheets are due the last WORKING day of the month

EMPLOYEE NAME (please print)

Pay Period Ended

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:_____																																

***Overtime must be pre-approved by supervisor**

Total Hours

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)

Revised 1/2011