

## SIBCR - EXEMPT TIME SHEET

Send to FAX 206-204-6190 or EMAIL [timesheets@sibcr.org](mailto:timesheets@sibcr.org)  
 Time Sheets are due the last **WORKING** day of the month

Pay Period Ended \_\_\_\_\_

\_\_\_\_\_  
 EMPLOYEE NAME (please print)

### HOURS OF LEAVE TAKEN

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
Vacation																																
Sick																																

\*Vacation must be taken in whole or half day increments. If you are gone for less than half a day, do not report any leave.

CHECK HERE IF NO LEAVE WAS TAKEN THIS MONTH

### RECORD OF EFFORT

PROJECT NUMBER	DESCRIPTION	% SALARY
<b>Total</b>		

**Employee**

I certify the time taken as vacation and sick leave is accurately recorded. I also certify this effort does 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)