PSU ID #	Name (Last, First)	ECLS
Pay Period (MM-YYYY) /16/2010 - /15/2010	Department Name	Position #
Appointment %	Department Org Code	Salary Grade

Portland State UNIVERSITY

CLASSIFIED TIME SHEET – HOURLY CYCLE

	HOURS	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	11	12	13	14	15	REG Pay	Other Pay	Payroll Use	OT Accrual
WORKED	REGULAR																																	REG		
WORKED	OVERTIME - FLSA Over 40 hours worked																																OTM		LEF	
WORKED	OT – NON-FLSA & HOL Worked <40 hrs																																OTM		LEC	
PREMIUM PAY	SHIFT DIFFERENTIAL																																DSH		Salary Grade must be <24	
PREMIUM PAY	ON CALL																																PSB			
PREMIUM PAY	OTHER* (Complete Remarks)																																		Complete Remarks	
PREMIUM PAY	OVERTIME DIFFERENTIAL																																OTD		Payroll will calculate OTD	
LEAVE TAKEN	SICK LEAVE TAKEN																																	LTS	DUE: 16TH DAY OF MONTH	
LEAVE TAKEN	VACATION LEAVE TAKEN																																	LTV		
LEAVE TAKEN	FLSA COMP TIME USED																																	LTF	Please total your timesheet and verify leave balances in BanWeb prior to completing & submitting	
LEAVE TAKEN	NON-FLSA COMP TIME USED																																	LTC		
LEAVE TAKEN	PERSONAL LEAVE TAKEN																																	LTP		
LEAVE TAKEN	FURLOUGH LEAVE TAKEN																																	LTZ		
LEAVE TAKEN	JURY DUTY & OTHER LEAVE WITH PAY*																																	LW1		
	LEAVE TAKEN WITHOUT PAY																																LW3		Use when other leave is exhausted	
REMARKS – * Required where marked																																			COLUMN TOTALS	

Labor Distribution

Index		% of hours		Earn Code	
Index		% of hours		Earn Code	
Index		% of hours		Earn Code	
Index		% of hours		Index	
Index		% of hours		% of hours	

Research Accounting Approval

Signature Date

Employee Signature

I hereby certify that the hours recorded on this timesheet are correctly stated as worked; and that the percentages of effort identified within the labor distribution section are an accurate record of my work.

Signature Extension Date

Supervisor Signature

I hereby certify that the hours recorded above are a true and accurate record of this employee's time worked. I also acknowledge that the percentages for earnings identified in the labor distribution section of this time sheet represent a reasonable estimate of work effort performed for PAR purposes.

Signature Extension Date

HR USE

Please Do Not Fax