


PSU ID #	Name (Last, First)	ECLS	 Portland State UNIVERSITY
Pay Period (MM/16/YY – MM/15/YY)	Department Name	Position #	

NON-BENEFITS ELIGIBLE – HOURLY CYCLE

**The hourly cycle pay period runs from the 16th of one month to the 15th of the next month. Please use a separate time sheet for each pay period.
Time sheets are due to the Office of Human Resources on the 16th of each month.**

Day	Date	Time In	Time Out	Hours	Date	Time In	Time Out	Hours	Date	Time In	Time Out	Hours	Date	Time In	Time Out	Hours	Date	Time In	Time Out	Hours	
Sun																					
Mon																					
Tue																					
Wed																					
Thu																					
Fri																					
Sat																					
	Total Hours for the Week:			Total Hours for the Week:			Total Hours for the Week:			Total Hours for the Week:			Total Hours for the Week:			Total Hours for the Week:			Total Hours for the Week:		
PAY RATE (Required for Student Jobs):								TOTAL HOURS FOR THE PAY PERIOD:													

Labor Distribution <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:15%;">Index</td><td style="width:15%;"></td><td style="width:15%;">Percentage</td><td style="width:15%;"></td></tr> <tr><td>Index</td><td></td><td>Percentage</td><td></td></tr> <tr><td>Index</td><td></td><td>Percentage</td><td></td></tr> <tr><td>Index</td><td></td><td>Percentage</td><td></td></tr> <tr><td>Index</td><td></td><td>Percentage</td><td></td></tr> </table>	Index		Percentage		Index		Percentage		Index		Percentage		Index		Percentage		Index		Percentage		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. If these hours are on a work study job, I authorize the use of my Federal Work Study Program award for the payment of these wages. _____ Signature Date	HRC Use
Index		Percentage																				
Index		Percentage																				
Index		Percentage																				
Index		Percentage																				
Index		Percentage																				
Research Accounting Approval _____ Signature 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 Date																					