

Before you begin:

Pay Period Start date



Time Keep Location

CENTRAL WASHINGTON UNIVERSITY

Positive Time Report  
Represented Overtime Eligible Civil Service Employees

Name \_\_\_\_\_  
Dept \_\_\_\_\_

ID \_\_\_\_\_  
FTE 1

		OT Eligible Hours						Non-OT		Pay Period Totals
Day of week	Date	Time Worked	Holiday or HET Taken	Sick Leave (180)	Vacation (170)	Leave / Work Hours	Leave Code - Leave Type	Total OT Eligible Hrs	Non-OT Leave Hours	
Carry Forward from prev										
Sun										
Mon										
Tues										
Wed										
Thu										
Fri										
Sat										
Subtotal										
Sun										
Mon										
Tues										
Wed										
Thu										
Fri										
Sat										
Subtotal										
Sun										
Mon										
Tues										
Wed										
Thu										
Fri										
Sat										
Subtotal										
Sun										
Carry Forward to next										
Pay Period Totals										
								<b>Total Reported Hours for Pay Period</b>		

\*Comments:

Hours in Pay Period	
Hours Worked	
Leave Hours Reported	
Overtime Eligible Hours Over 40 (Enter as Overtime Hours)	
Extra Hours at Straight Time (Enter as Straight Hours)	

Did employee's job start this pay period or end prior to the last work day, or was there an FTE change?

Additional hours will be paid in straight time when work hours do not exceed 40 hours in a work week.

Overtime eligible employees will receive one and a half time when working in excess of 40 hours in one week, and when full time overtime eligible employees are assigned by employer to work on a scheduled day off.

1. Overtime Hours: _____ Payment for overtime hours in: <input type="checkbox"/> Money (362) <input type="checkbox"/> Compensatory Time (195)	2. Indicate if Absence is for: (Send copy of form to HR) <input type="checkbox"/> FMLA (Paid or LWOP) <input type="checkbox"/> Parental Leave <input type="checkbox"/> Pregnancy Disability <input type="checkbox"/> L&I (Worker's Comp) <input type="checkbox"/> Family Care Emergency <input type="checkbox"/> Inclement Weather	3. Did you work this pay period for any other CWU department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Hours Department(s) _____
Straight Time: _____ Full Time Employees <input type="checkbox"/> Money (361) <input type="checkbox"/> Compensatory Time (196)		
Straight Time: _____ (361) Part Time Employees (extra hours under 40)		NOTE TO TIMEKEEPER: If yes, there may be an overtime issue. Contact other department(s) to verify employee's hours.

I certify the above accurately reflects hours worked and leave taken.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Recorded on Time Report By: \_\_\_\_\_  
Date Recorded \_\_\_\_\_

Date Recorded \_\_\_\_\_

**Timekeeper - Send this report to Payroll**  
If absence is indicated in box 2, send copy to HR

This is the official time record and leave report, and must be retained per the WA State General Records Retention Schedule.