CENTRAL WASHINGTON UNIVERSITY

VOLUNTEER'S HOURLY TIME RECORD

Volunteer's Name: _____

Last First Middle Initial

INSTRUCTIONS: Volunteers of the university are to maintain an hourly time record for the purpose of state medical aid benefits requirements. Complete form in **INK**, please.

ROUTING OF FORM: Submit to Department the last working day of each pay period.
Department submit to Payroll quarterly with Authorized signatures, MS-7479

DATE MO/DA/YR	TYPE OF WORK DONE	TIME STARTED	TIME ENDED	TOTAL TIME	DATE MO/DA/YR	TYPE OF WORK DONE	TIME STARTED	TIME ENDED	TOTAL TIME

REPORT TOTAL TIME TO NEAREST TENTH OF AN HOUR (EXAMPLE: 21.2) TOTAL TIME: _____

VOLUNTEER CERTIFICATION: Volunteer has performed services of her/his own free choice, receives no wages, and has been accepted as a volunteer and assigned or authorized duties by the department.

Volunteer's Signature: _____

Department: _____ Authorized Departmental Signature: _____

01/2025

VA_____