

CENTRAL WASHINGTON UNIVERSITY  
VOLUNTEER'S HOURLY TIME RECORD

Volunteer's Name: \_\_\_\_\_  
Last
First
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 after authorization, 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: \_\_\_\_\_