


PSU ID # or SSN	Name (Last, First)	ECLS	 Portland State UNIVERSITY CLASSIFIED TIME SHEET - HOURLY CYCLE
Pay Period (MM-YYYY)	Department Name	Position #	
Appointment %	Department Org Code	Salary Grade	

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	PAY	PAY	FLSA OT ACCR	NON-FLSA ACCR				
WORKED	REGULAR (REG)																																							
	OVERTIME (OTM)																																							
	HOLIDAY WORKED (OTM)																																							
PREMIUM PAY	SHIFT DIFF (DSH)																																							
	ON CALL (PSB)																																							
	OTHER (Complete Remarks)																																							
	OTHER (Complete Remarks)																																							
LEAVE TAKEN	SICK LEAVE (LTS)																																							
	VACATION (LTV)																																							
	COMP Time Used - FLSA (LTF)																																							
	COMP. Time Used - NON-FLSA (LTC)																																							
	PERSONAL (LTP)																																							
	JURY DUTY (LW1) (attach subpoena)																																							
	OTHER LEAVE W/ PAY (Complete Remarks)																																							
	LEAVE WITH OUT PAY (LW3)																																							
REMARKS																	TOTAL																							

Labor Distribution	Employee Signature	HR USE
Index	% of hours	Earn Code
Index	% of hours	Earn Code
Index	% of hours	Earn Code
Index	% of hours	Earn Code
Index	% of hours	Earn Code
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 _____		