

WICHITA STATE UNIVERSITY IN-OUT POSITIVE TIME REPORTING

PAYROLL PERIOD FROM _____ to _____ POSITION NUMBER _____

NAME _____ myWSU ID _____

WEEK 1

| DAY | DATE | IN | OUT | IN | OUT | IN | OUT | HOURS WORKED |
|------------------------|------|----|-----|----|-----|----|-----|--------------|
| SUN | | | | | | | | |
| MON | | | | | | | | |
| TUE | | | | | | | | |
| WED | | | | | | | | |
| THR | | | | | | | | |
| FRI | | | | | | | | |
| SAT | | | | | | | | |
| HOURS WORKED THIS WEEK | | | | | | | | |

WEEK 2

| DAY | DATE | IN | OUT | IN | OUT | IN | OUT | HOURS WORKED |
|------------------------|------|----|-----|----|-----|----|-----|--------------|
| SUN | | | | | | | | |
| MON | | | | | | | | |
| TUE | | | | | | | | |
| WED | | | | | | | | |
| THR | | | | | | | | |
| FRI | | | | | | | | |
| SAT | | | | | | | | |
| HOURS WORKED THIS WEEK | | | | | | | | |

| TIME WORKED | RECORD |
|----------------|---------|
| 01 to 07 MINS. | .00 HR. |
| 08 to 22 MINS. | .25 HR. |
| 23 to 37 MINS. | .50 HR. |
| 38 to 52 MINS. | .75 HR. |
| 53 to 67 MINS. | 1.00 HR |

Grand Total

| |
|--|
| |
|--|

Entered by/Date _____ / _____

Audited by/Date _____ / _____

I affirm that the information contained in this document is complete and accurate. I also affirm that this contains a complete and accurate record of my time worked for the period stated. All hours worked or leave time taken are represented accurately on this document. If changes occur that alter this record I understand it is my responsibility to submit those to the appropriate timekeeper within 10 business days.

EMPLOYEE'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

Budget Officer (when authorizing extra hours paid) _____