TIME SHEET INSTRUCTIONS

A. Payroll Id: Always BW
B. Payroll No: Check Payroll Schedule (on the Payroll Website) for number, will be between 1 and 26.
C. Pay Period: First and Last day of pay period. (ex. 1/9110- 1/22/10)
D. Pay Date: Date of pay, usually one week after last day of pay period.
E. Due Date: Per Payroll Schedule, List Serv Email or Wings Campus Announcements.
F. Employee's Name: Self explanatory
G. Employee's U#:   U12345678
H. Job Position#:   999999-00- Can be found on Wings Express, Student Start with S9
I. Earn Code: REG- Regular Hours Worked
                SCK- Sick Hours Taken
                LPV - Vacation Hours Taken
                HOL -Holiday Time (Non-Bargaining)
                HOB- Holiday Time (Bargaining Unit)
                CTU- Comp Hours Used
                CTP - Comp Time Paid
J. Total Hours: Total of hours for the week for each Earn Code
K. Total Hours per day
K. STUDENTS ONLY- Time In; Time Out and Hours per day
L. First day of Pay Period: Always a Saturday
M. Total Hours for the First Week
N. First Day Second Week: Always a Saturday
O. Total Hours for the Second Week
P. Total Hours for complete Pay Period
Q. Employee's Signature and Date Signed: Not Required
R. Supervisor's Signature and Date Signed: REQUIRED

WRIGHT STATE UNIVERSITY™

HOURLY TIME SHEET

☐ Check if timesheet is no longer needed.

Payroll Id: **A**   Payroll No: **B**   Pay Period:
Job Title: **C**   Pay Day: **D**   Due Date: **E**

NAME	ID NUMBER	POSITION	EFFECTIVE DATE	EMPLOYEE CLASS	HOME ORGANIZATION
F	**G**	**H**			

EARNINGS CODE DESCRIPTION	EARN CODE	RATE	TOTAL HOURS	**L** Sat	K	K	K	K	K	Fri K	LABOR DISTRIBUTION	LABOR DISTRIBUTION OVERRIDE
	I		**J**	**K** →	→	→	→	→	→	→		

EARNINGS CODE DESCRIPTION	EARN CODE	RATE	TOTAL HOURS	**N** Sat	K	K	K	K	K	Fri K	LABOR DISTRIBUTION	LABOR DISTRIBUTION OVERRIDE
M			**J**	**K** →	→	→	→	→	→	→		

TOTAL HOURS FOR PAY PERIOD → **P** ← **O** — TOTAL HOURS FOR PAY PERIOD

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

Employee Signature **Q** _____ Date _____

Supervisor's Signature **R** _____ Date _____

WRIGHT STATE UNIVERSITY™

HOURLY TIME SHEET

☐ Check if timesheet is no longer needed.

Payroll Id: _____ Payroll No: _____ Pay Period: _____ Pay Day: _____ Due Date: _____

Job Title: _____

NAME	ID NUMBER	POSITION	EFFECTIVE DATE	EMPLOYEE CLASS	HOME ORGANIZATION

EARNINGS CODE DESCRIPTION	EARN CODE	RATE	TOTAL HOURS				LABOR DISTRIBUTION	LABOR DISTRIBUTION OVERRIDE

EARNINGS CODE DESCRIPTION	EARN CODE	RATE	TOTAL HOURS				LABOR DISTRIBUTION	LABOR DISTRIBUTION OVERRIDE

TOTAL HOURS FOR PAY PERIOD ⟶   ⟵ TOTAL HOURS FOR PAY PERIOD

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____