

EASTERN ILLINOIS UNIVERSITY

SUPPLEMENTAL TIME SHEETS

Pay Period End:

Employee Name:

Position #:

Employee E-Number:

Classification #:

Name/Org to be charged:

Work Dept - Name/Org:

DATE	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	CODE	TOTAL HOURS		
OVERTIME															O61		O62	
OTHER SPECIFY															OTH		HOL	760
UPGRADE TO CLASS															O80			
DIFFERENTIAL (MT.CT) @															MT		ct/vc/mk	
SHIFT PREM															CIRCLE:	1st	2nd	3rd

MSG: OFFICE USE ONLY – CONTRACT # _____
 BRIEF EXPLANATION OF LOCATION AND WORK PERFORMED:

 EMPLOYEE SIGNATURE

 EMPLOYEE'S SUPERVISOR

 CHARGE DEPT. FISCAL AGENT