

STAFF/STUDENT TIME SHEET



STAFF/STUDENT DETAILS:

ID No : _____ Faculty/Section. _____

Name: _____ Dept/School/Office: _____

Code: _____ Position: _____

<i>DAY</i>	<i>DATE</i>	<i>FROM</i>	<i>TO</i>	<i>NORMAL HOURS</i>	<i>PARTICULARS</i>
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Total Hours					

I certify that I have worked the number of hours shown above on the days stated.

Signature of Claimant: _____ **Date:** _____

I certify that I authorize the above hours to be worked on the days stated.

Signature: _____ **Date:** _____
(Head of Section)

Signature: _____ **Date:** _____
(Head of Department)

<u>FOR OFFICIAL USE ONLY</u>	
Certified By: _____	Date: _____
Certified for Payment: _____	Date Paid: _____
Converted time off hours: _____	

NOTE

1. For approved contracts, timesheets must be received in the Payroll Office by 4pm, on the Friday immediately prior to the completion of a fortnightly pay period. Late timesheets will be processed and paid with the next fortnightly pay period.
2. Please ensure your student or employee number is entered on every timesheet.
3. For position, please insert: I&J, Part-time Tutor/Marker, Casual, or other specific positions or Student Assistant.