

MONTHLY TIMESHEET

Name: _____ Personnel Number: _____

Student Number: _____ Pay Period Start Date: _____ Pay Period End Date: _____

DATE	HOURS	ATT/ABSENCE TYPE	HOURLY RATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

DATE	HOURS	ATT/ABSENCE TYPE	HOURLY RATE
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total			

Supervisor's Name: _____

Signature Supervisor Approval: _____

Date: _____

Telephone Number: _____

Cost Centre: _____

Fund Centre: _____

IO: _____

FUND No: _____

Submit to Human Resources, Room 112 - Academic Annex FAX:(905)828-5472