BI-WEEKLY TIMESHEET

First Name _____ Last Name _____ M ___ F ___ SIN _____ Personnel Number _____

Student Number _____

NB: Change of address, rates, account #'s, etc. should be submitted on a Bi-Weekly Set-Up/Change of Information Form and marked AMENDMENT.

DATE (i.e. June 1)	MORNING		AFTERNOON		EVENING		TOTAL HOURS	
	Start	Finish	Start	Finish	Start	Finish		
Sun:								
Mon:								
Tues:								
Wed:								
Thurs								
Fri:								**Wk. 1 Total**
Sat:								
Sun:								
Mon:								
Tues:								
Wed:								
Thurs:								
Fri:								**Wk. 2 Total**
Sat:								

$_____ **Hourly Rate**

CC: _____ CF: _____ **Account Number**

_____ **Date**

Description of Duties _____ _____ **Supervisor's Signature**

Submit to Human Resource Services, Room 157 - North Building FAX:(905)828-5472

PAYROLL USE ONLY

Reg. Hours	Hourly Rate	O/T Hours	O/T Rate	Total
			Subtotal	
			Vacation Pay	
			Total $ Rec'd	