

Casual Employee Bi-Weekly Timesheet

Employee Name	SIN	Student No.	Personnel No.			
Department	Supervisor's Name	Supervisor's Telephone Number	Pay Period (Start - End Dates)			
Brief Description of Work Performed	Hourly Rate (or Job in TimeLink)					
Cost Centre	Fund Centre	Order No.	Fund No.			

IMPORTANT NOTES:

*Please forward c *Forward a copy *Incomplete form	omplete fo of the lette	r/employ	ment contra	act on fil	le [<i>at Huma</i>			ne yet				*Grey se	quiries/ques ction(s) for fields auto-	internal		n values in S	SubTotal	
Week 1 (DD/MMM/YY)	Time In	Time Out	Subtotal Hrs	Break	Time In	Time Out	Subtotal Hrs	Total Hrs		Week 2 (DD/MMM/YY)	Time In	Time Out	Subtotal Hrs	Break	Time In	Time Out	Subtotal Hrs	Total Hrs
						<u> </u>												
			1			 	1											
							Total Hrs										Total Hrs	
Other Employi			•		at the Un	iversity?		Yes (if y	l ves nl	lease complete sec	rtion(s) be	vlow	□ N	0				
Department 2 Supervisor's Name						105 (11)							od (Start - End Dates)					
Brief Description of Work Performed							н	Hourly Rate (or Job in TimeLink) Expected					cted/Actual Hours					
will advise all depar or 44 hours per wee	tments of m ek as per the	iy employn Employme	nent in the ot ent Standards	her depa Act of O	artment(s). lf Intario, whic	my total co hever come	ombined hou es first, I will k	rs of worl	k may d to ov	ed period. In the ever possibly exceed full-t vertime in accordance e with the terms and o	ime hours a e with the te	is stated in erms and co	the terms and anditions of m	d/or colle	ctive agree	ment goverr	ning my emp	loyment
Employee Signature Date					S	Supervisor's Signatu	re	Date										
Signed By								S	igned By									
