Casual Employee Monthly Timesheet



Empleyes Nems				CINI				Ctudent N	Student No.					Demonnel No.					
Employee Name				SIN				Student N	Student No.					Personnel No.					
Department				Supervisor's Name				Superviso	Supervisor's Telephone Number					Pay Period (Start - End Dates)					
								Superviso											
Priof Description of Work Performed													Hour	ly Data /	or lo	h in Ti	mal ink	`	
Brief Description of Work Performed														Hourly Rate (or Job in TimeLink)					
<u> </u>								Ta											
Cost Centre				Fund Ce	Order No.	Order No.					Fund No.								
Actua			For Thi	s Assign		////													
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Time		art of Week 2 (DD/MM Sun Mon T			- 1	Wed Thurs Fri Sa				Cat	
Time In	Suli	MOH	rues	wed	murs	FII	Sat	Time Time In	- 31	un	Mon	10	ies	Wed	''	nurs	Fri	Sat	
Time Out								Time Out											
SubTotal								SubTotal											
Time In								Time In											
Time Out								Time Out											
SubTotal								SubTotal											
Total								Total											
Start of Week 3 (DD/MM/YY):									Start of Week 4 (DD/MM/YY):										
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Time	Si	Sun Mon		Tu	ies	Wed	TI	hurs	Fri	Sat	
Time In								Time In											
Time Out								Time Out											
SubTotal								SubTotal											
Time In								Time In											
Time Out								Time Out											
SubTotal								SubTotal											
Total	Ctout of \	Maak E (DI	\(\begin{align*} AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA					Total											
Time		1	D/MM/YY):	\\\\1	Thomas	F.:	C-1	Week	Week We				ek 2 Week		3 Week 4		Week 5		
Time Time In	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	-			WCCI	`_	WCCK	,			Weeks		
Time Out								_ Total F	Irs										
SubTotal								IMPORTAN	T NC	OTES:									
Time In									 Please forward complete forms and all attachments (e.g employment contract) to: [Local HR Office / Business Officer] 										
Time Out									Forward a copy of the letter/employment contract on file [at Human]										
SubTotal									Resources] if not done yet. Incomplete forms/incorrect information will delay processing.										
Total								For enquires or questions please call [Payroll Service (Central or Local HR Office											
Other E	mnlovn	nent at t	he Univ	orcity of	Toronto	`						nal Use (Iculated		d on num	nhers	entere	d in Sub	Total Fields	
				-	/area at th		sity?	Yes (if ye		•					ibers	circic	□ No	rotal Ficial	
Department 2 Supervisor's Name										Supervisor's Telephone Number									
																	•		
Brief Description of Work Performed										Hourly Rate (or Job in TimeLink)					Expected/Actual Hours				
										, (
								of hours worke of my employ											
	•							governing my											

approved in advance by my immediate supervisor(s) or authorized designate, and will be determined in accordance with the terms and conditions of my employment.

Employee Signature

Date

Signed By

Signed By

of Ontario, whichever comes first, I will be entitled to overtime in accordance with the terms and conditions of my employment. I understand that overtime must be