PAYROLL TIMESHEET

Department (or project): _____

Supervisor: _____ Ext: _____

EMPLOYEE INFORMATION:

First Name: _____ Last Name: _____

Employee No: _____ **(Required on all timesheets)**

ADDRESS:

Only complete this section if employee is new, or has a change of address. Otherwise, leave blank.

Address: _____ City or Town: _____ Province _____

Postal Code: _____ Date of Birth: _____ S.I.N.: _____

TIME ENTRY:

PAY PERIOD		SUN	MON	TUE	WED	THU	FRI	SAT	HOURS
From	To								
(yyyy/mm/dd)	(yyyy/mm/dd)								
(yyyy/mm/dd)	(yyyy/mm/dd)								

PAYROLL WILL ADD 4% VACATION PAY TO THE HOURLY RATE. **Total** | |

Summary of work performed (mandatory field):

Budget Number: 10-__ __ __ __ - 5__ __ __

OR

Project Number: 40 __ __ __ __ - 5__ __ __ __
(Project code)

Is this a CUPE position? ☐ Yes ☐ No

Hourly Rate of Pay: _____

Authorized Approval: _____ Date: _____

(Must have signing authority for the above noted budget/project number)

Version: 2013/01