

**MONTHLY TIMESHEET**

Name: \_\_\_\_\_ S.I.N: \_\_\_\_\_ 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			
<b>Total</b>			

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