

CASUAL GENERAL STAFF TIMESHEET – EXAM SUPERVISION

FORM 6.03h1R

Staff member to submit one form, fortnightly, for work done in each job and hand to the supervisor

Name: _____ Title: _____ F/N ending: ___/___/___ (Wednesday * prior to pay week)
 Hourly
 Employee Number: _____ Job No: _____ Level: _____ Step: _____ Rate: _____ Dept: REG, Academic Program Section

Staff Member to complete

Office use only

Day	Date worked	Hours AM to be paid	Hours PM to be paid	TOTAL Hours to be paid	Ordinary Hours	O/T or Addtl Hours 1.5	O/T 2.0	Public Hol.	Shift %, Code, or Rate	Shift Hrs/Units	Division/Office Reference
Thu											
Fri											
Sat											
Sun											
Mon											
Tue											
Wed											
Week 1 Total											

Incidental Expenses Claimed (e.g. postage reimbursement): \$ _____ . _____ Account Code for expenses: ____ / ____ / ____

Thu											
Fri											
Sat											
Sun											
Mon											
Tue											
Wed*											
Week 2 Total											
F/N Total											

A/C 3005/4200/219

Details correct (Staff Member): _____ Date ___/___/___ Payment Recommended (Supervisor): _____

Payment Approved _____ Date ___/___/___ Date ___/___/___
 (Head of Division/Office or other Financial Delegate) (if staff member is above Level 8, overtime payment or leave in lieu must be approved by the Head)

WRS USE ONLY

Entered: _____ (inits)

Checked: _____ (inits)

___/___/___