

USW Casual Employee Bi-weekly Timesheet



Submission Instructions

Please follow the instructions on the form for submitting.

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 complete forms and all attachments (e.g. employment contracts) to: _____
- *Forward a copy of the letter/employment contract on file [at Human Resources] if not done yet
- *Incomplete forms/incorrect information will delay processing

- *For enquiries/questions: _____
- *Grey section(s) for internal use only
- *Yellow fields auto-calculate based on values in SubTotal

Week 1 (DD/MM/YY)	Time In	Time Out	Subtotal Hrs	Break	Time In	Time Out	Subtotal Hrs	Total Hrs
Total Hrs								

Week 2 (DD/MM/YY)	Time In	Time Out	Subtotal Hrs	Break	Time In	Time Out	Subtotal Hrs	Total Hrs
Total Hrs								

Other Employment at the University of Toronto

Do you currently work in another department/area at the University?

Yes (if yes, please complete section(s) below)

No

Department 2	Supervisor's Name	Supervisor's Telephone Number	Pay Period (Start - End Dates)
Brief Description of Work Performed		Hourly Rate (or Job in TimeLink)	Expected/Actual Hours

Authority/Approvals: I agree that the above information is an accurate reflection of hours worked during the stated period. In the event that I obtain and concurrently work in another position at the University in the future, I will advise all departments of my employment in the other department(s). If my total combined hours of work may possibly exceed full-time hours as stated in the terms and/or collective agreement governing my employment or 44 hours per week as per the Employment Standards Act 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 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	Supervisor's Signature	Date
Signed By		Signed By	