

Department of Chemistry TIMESHEET

Please Print

	Personnel No.			Social Insurance No.			Surname				Usual First Name			Initial	Pay Period (From / To)			
Day of the Week	Sun	Mon	Tues.	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat				
Day / Month (e.g. 25/9)															Hours	Worked	Hourly	Rate
No. of Hours																		
Day of the Week	Sun	Mon	Tues.	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat				
Day / Month (e.g. 25/9)															Hours	Worked	Hourly	Rate
No. of Hours																		
Day of the Week	Sun	Mon	Tues.	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat				
Day / Month (e.g. 25/9)															Hours Worked		Hourly	Rate
No. of Hours																		
CC/IO #				TOTAL HOURS WORKED										ORKED				
CFC#			-															
Fund #															For Business Office Use Only Processed by:			
Approved by: (PRINT) Name																Date	e Processeo	d:
Signature of Approver						Telepho	Telephone No.					Date Prepared			DD	MM	YY	
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