CASUAL GENERAL STAFF TIMESHEET
SAL16

THE UNIVERSITY OF NEW SOUTH WALES

TO: **SALARIES SECTION**

EMPLOYEE ID | | | | | | | | EMPL RCD # | | | FAMILY NAME _____ GIVEN NAMES _____

FAC/SCH/DEPT _____ JOB TITLE _____

Note: hours claimed must equal span of hours worked.

DAY	START DATE	START TIME		BREAK START		BREAK FINISH		END DATE	END TIME		HOURS CLAIMED		ACCOUNT OVERRIDE (use only when different from standard) PROJECT	ACCT	FUND	DEPT
Eg. Mon	13.5.02	9	00	12	45	13	45	13.5.02	16	30	6	30		4121		
														4121		
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														4121		
														4121		
														4121		
														4121		
														4121		
														4121		
										TOTAL						

I certify that I have worked the hours shown and that all details are correct.

_____
Signature

I certify that the hours claimed have been worked as indicated in accordance with records maintained in the School.

_____
Signature

_____ _____ _____
Print Name & Initial Date Ext

I authorise this claim. Funds are available to meet this expenditure.

_____
Signature

_____ _____ _____
Print Name & Initial Date Ext