

# 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:** \_\_\_\_\_