



University of Windsor

STANDARDIZED PATIENTS TIME CARD

TRANS CODE G240

Payroll Department

NAME: _____ / _____

EMPLOYEE #: _____

Fund: _____ Department: _____ Program/Project: _____ Natural Account: _____

WEEK COVERING:	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
RATE \$ DATE→								
HOURS→								

Signature:

Your typed name below indicates your approval of the form and confirms that all information is accurate.

Date: _____

Submit Form To: Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2135.