



**STUDENT CASUAL TIME SHEET FORM**  
**DO NOT USE FOR WORK STUDY**

Department Name \_\_\_\_\_

\_\_\_\_\_  
Grantee Approval (Signature)

\_\_\_\_\_  
Grantee Name (Please Print)

\_\_\_\_\_  
Departmental Approval (Signature)

\_\_\_\_\_  
Departmental Approval By (Please Print)

**INFORMATION:**

- A) A completed Authorization for Student Employment Form must be sent to Human Resources before payment can be made. Signatures on Time Sheets should be the same as on the Authorization form.
- B) Payroll will automatically adjust employee's wages by 4% vacation pay.
- C) Forms received after the due date will be processed on the next payroll run. Manual Cheques will not be issued.

	SURNAME GIVEN NAME EMPLOYEE NUMBER/STUDENT NUMBER	WEEK COVERING WEEKDAY DATE (mm/dd)	RECORD DAILY HOURS WORKED						TOTAL HOURS	ACCOUNT NUMBER	HOURLY RATE NO LESS THAN MIN WAGE	
			MON.	TUES.	WED.	THURS.	FRI.	SAT.				SUN.
1												
2												
3												
4												

**Submit Form To: Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2137**