UNIVERSITY OF WINDSOR STUDENT TIME SHEET					DEPT NAME					
GRANTEE APPROVAL (Signature)										
Please Print										
		ACCOUNT NUMBER								
	Fund	Department	Program	Project	Natural	Classification	Inter Fund	Future Use		
DEPARTMENTAL APPROVAL (Signature)					81520	WKS	00	000		
Please Print					** DO NOT CHANGE **					

INFORMATION:

- A) Your position must have been approved for the Ignite wage subsidy in order for payment to be made.
- B) Payroll will automatically adjust employee's wages by 4% vacation pay.
- C) Forms received after due date will be processed on the next payroll run. Manual cheques will not be issued.

SURNAME	PERIOD COVERING	RECORD DAILY HOURS WORKED						TOTAL	HOURLY	
GIVEN NAME	DAY								HOURS	RATE (NO LESS THAN
EMPLOYEE NUMBER	MONTH/DATE								WORKED	MIN)
		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.		
		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.		
		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.		
		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.		
		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.		