

# CASUAL ACADEMIC STAFF FORTNIGHTLY TIMESHEET

**STAFF MEMBER to complete this form, on a fortnightly basis, for work performed in each course/unit and hand it to the Academic staff member in charge.**

Staff Number: \_\_\_\_\_ Faculty/Dept: \_\_\_\_\_ Fortnight ending: \_\_\_/\_\_\_/\_\_\_

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_ Unit of Study Ref: \_\_\_\_\_

**INSTRUCTIONS:**

1. Enter **one** job number **per table**.
2. Enter the type of work performed in each table. Choose from:
  - Initial Lecture
  - Repeat Lecture
  - Initial Tutorial
  - Repeat Tutorial
  - Demonstrating
  - Marking
  - Consulting
3. Enter the hourly rate applicable for the type of work performed.
4. Enter the date of work and the number of hours/sessions completed.

<b>JOB NUMBER:</b> _____	
TYPE OF WORK PERFORMED: _____	
HOURLY RATE TO BE PAID: \$ _____.	
DATE WORK PERFORMED	NUMBER OF HOURS/SESSIONS
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<b>JOB NUMBER:</b> _____	
TYPE OF WORK PERFORMED: _____	
HOURLY RATE TO BE PAID: \$ _____.	
DATE WORK PERFORMED	NUMBER OF HOURS/SESSIONS
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<b>JOB NUMBER:</b> _____	
TYPE OF WORK PERFORMED: _____	
HOURLY RATE TO BE PAID: \$ _____.	
DATE WORK PERFORMED	NUMBER OF HOURS/SESSIONS
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<b>JOB NUMBER:</b> _____	
TYPE OF WORK PERFORMED: _____	
HOURLY RATE TO BE PAID: \$ _____.	
DATE WORK PERFORMED	NUMBER OF HOURS/SESSIONS
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**I certify** that the above details are correct: \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date  
Staff Member's Signature

**I recommend** payment be made on the above basis: \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date  
Course Coordinator's Signature

**Payment Approved:** \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date      **Account No.:** \_\_\_\_\_  
Executive Dean/Financial Delegate

**HR USE ONLY:** Processed/Entered: \_\_\_\_\_ (inits) \_\_\_\_/\_\_\_\_/\_\_\_\_ Checked: \_\_\_\_\_ (inits) \_\_\_\_/\_\_\_\_/\_\_\_\_