EXAM SUPERVISORS FORTNIGHTLY TIMESHEET (NORTH RYDE CAMPUS ONLY)

Employ	/ee Name:			Title:				sor. Fortnight Ending: / / (Wednesday* prior to pay				
Employee Number:		Level:		Step:	Step: Job Number:		Hourly Rate: \$		Dept.:			
	STA	FF MEMBER	TO COMPLE	TE:		OFFICE USE	ONLY:					
Day	Date Worked	Hours AM to be paid	Hours PM (1st exam) to be paid	Hours PM (2nd exam) to be paid	TOTAL Hours to be paid	Ordinary Hours	O/T or Addt'l Hours 1.5	O/T 2.0	Public Holiday	Shift, %, Code or Rate	Shift Hrs/ Units	Account Number:
Thu	/ /											
Fri	/ /											
Sat	/ /											
Sun	/ /											
Mon	/ /											
Tue	/ /											
Wed	/ /											
			WEEK 1	TOTAL:								
Day	Date Worked	Hours AM to be paid	Hours PM (1st exam) to be paid	Hours PM (2nd exam) to be paid	TOTAL Hours to be paid	Ordinary Hours	O/T or Addt'l Hours 1.5	O/T 2.0	Public Holiday	Shift, %, Code or Rate	Shift Hrs/ Units	
Thu	/ /											
Fri	/ /											
Sat	/ /											
Sun	/ /											
Mon	/ /											
Tue	1 1											
Wed	1 1											
			WEEK 2 TOTAL:									
			FORTNIGHT TOTAL:									
Details	Correct (Sta	ff Member): _			Date:/_	/	Payment Reco	mmended (S	Supervisor): _			Date://
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