EXAM SUPERVISORS FORTNIGHTLY TIMESHEET (EXTERNAL EXAM SUPERVISION ONLY)

Staff N	lember to subr	nit one form, for	rtnightly, for wo	rk done in each j	job and hand t	o the supervi	sor.				
Employee Name: Title:					Fortni	ight Ending:	//	(Wedn	esday* prior to pay week)		
Employee Number: Level: Step:			Job Number:		Hourly	_ Hourly Rate: \$		ot.:			
STAFF MEMBER TO COMPLETE:				OFFICE USE	OFFICE USE ONLY:						
Day	Date Worked	Hours AM to be paid	Hours PM 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	Incidental Expenses Claimed (e.g. postage reimbursement)
Thu	/ /										
Fri	/ /										\$
Sat	/ /										Acc. Code for expenses:
Sun	/ /										
Mon											
Tue Wed											Account Number:
Wea	1 1	WEEK 1	TOTAL:								
Day	Date Worked	Hours AM to be paid	Hours PM 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											
Wed											
		WEEK 2 TOTAL:									
	FORTNIGHT TOTAL:										
Details Correct (Staff Member): Date: / / Payment Recommended (Supervisor): Date: /											_ Date://
Payment Approved (Executive Dean/Head of Office/Financial Delegate): Date:// Recorded in Faculty/Office: //											
HR USE ONLY: Processed/entered: (inits)/ Checked: (inits)//											
Form 6.03h2R MACQUARIE											5 July 2011