ST. THOMAS MORE COLLEGE

2020-21 HOURLY TIMESHEET

INSTRUCTIONS: This form is used to initiate actions for all employees appointed to jobs whose hours of work vary on a month to month basis. This form is also used to report extra hours & overtime for permanent, seasonal and term employees. For payroll processing time sheets must be authorized by faculty members for Markers and Research Assistants or by Unit Heads for other staff prior to submission to the STM Payroll Office.

Timesheets are due according to the published schedule and late timesheets will not be processed until the following pay period. One timesheet is

required per pay period. Timesheets are due by 10:00 A.M. on the due date.

| PERSONAL INFORMAT | ΓΙΟΝ (Please Prin | ıt) | | | | | | |
|--|----------------------|--------------------|---------------------|---------------------|-----------------|---------------------------------------|---------------------|---------------------|
| Surname: | | | First Name (Legal | name): | | | | |
| | | | | | | | | |
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| | | | I= | | | 7 | | |
| Employee Mailing Address: | | | Employee Signature: | | | | | |
| | | | | | | | | |
| | | | | | | 1 | | |
| JOB INFORMATION | 1 1 | | | Indl/ | 1 | 1 1 | I | |
| | | Ш | | Marker/ Research | | | | |
| Dept Name: | Cafeteria | Library | Maintenance | Assistant | | Other | | |
| RESEARCH GRANT FUND NUMBER: (MUST | | | | | | | | |
| INCLUDE IF PAID FROM | | | | Fund #: | | | | |
| GRANT FUNDING) | | | | | | | | |
| | | | | | | | | |
| NOTE: Markers/Resear | rch Assistants - F | Please Indicate F | aculty: | | | | | |
| | | | | | | | | |
| REGULAR HOURS | T . | | | I | · · | T = · · | | |
| Week Starting: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
| MM/DD/YY | REG HRS | REG HRS | REG HRS | REG HRS | REG HRS | REG HRS | REG HRS | REG HRS |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| EXTRA HOURS & OVE O/T Rate: 1.5 / 2.0 | RTIME | | | | | | | |
| Week Starting: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
| MM/DD/YY | O/T HRS | O/T HRS | O/T HRS | O/T HRS | O/T HRS | O/T HRS | O/T HRS | O/T HRS |
| | | | | | | | | |
| | | | | | | | | |
| NOTE: Extra hours and each payment. | l overtime hours w | orked by regular e | employees must be | submitted above. | Vacation pay ar | nd statutory benefit | s will automaticall | ly be added to |
| cacii payment. | | | | | | | | |
| Х | *** Direct Denos | sit Only - VOID cl | heque must be sub | mitted along wit | h Student Hire | Forms . | | |
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| HOURLY RATE MU | ST BE ENTER | ED & TIMESH | EET AUTHORIZ | ED <u>PRIOR TO</u> | SUBMISSIO | N TO BUSINES | S OFFICE | |
| HOUDLY DATE | | | | | | | | |
| HOURLY RATE: | \$ | | | 1 Vear University | | ION AND/OR EXP 3 Years University | | 5. Voare University |
| 2020-21 | Undergraduate | Student Assista | nt Hourly Rates | \$ 12.54 | | \$ 14.75 | \$ 15.86 | \$ 16.96 |
| 2020-21 | Graduate Stude | ent Assistant Hou | urly Rate | \$ 20.04 | \$ - | \$ - | \$ - | \$ - |
| AUTHORIZATION: I ce | rtify that the emplo | vee has worked t | the hours and dates | ahove | | | | |
| AOTHORIZATION: 100 | rary that the emple | yee has worked t | ine nours and dates | above. | | | | |
| | | | | | | | | |
| Authorized Signature | | | - | Date | | | | |
| | | | | | | | | |
| DO NOT WRITE BELOV | W THIS LINE - | FOR OFFICE US | SE ONLY: | | | | | |
| | | | - | 1 | 7 | | | |
| Date Received | | | Regular Hours | | | | | |
| Pay Period End | | | Overtime Hours | | | | | |
| Date Processed | | | Statutory Hours | | 1 | | | |
| Processed By | | | Gross Pay | | | Cheque # | Cheque Date | |
| Joe Joe Dy | | | 51033 : ay | ļ. | | Olicque # | Sireque Date | l |

Account Number

Authorized By