THE AUSTRALIAN NATIONAL UNIVERSITY

Human Resources, Building 10a
http://info.anu.edu.au/policies/forms/human_resources/
Enquiries: (02)-6125-3346; Facsimile: (02)-6125-5011

Casual General Staff Time Sheet

HR 21/W2000
14.8.03

1. Time-sheets must be completed correctly — payment of salary may be delayed if time-sheets need to be returned for correction.
2. (♦) Please use 24-hour clock (to the nearest 15 minutes) to fill in the hours : minutes columns, 6:30 pm ≡ 18:30 hours. (⌘) Please use decimal format in these columns, e.g. 6 . 25 ≡ 6 hours 15 minutes.
3. All employees must have a 30 minute break after 5 hours' continuous work.

Surname:	First Name:	University ID: U	Empl Rcd #

THIS SECTION MUST BE COMPLETED BY A SUPERVISOR:

Position No.: Job Code:

Day	Date	From	To	Breaks (*e.g. Lunch; exclude Tea breaks*)	Time Worked	Penalty Rate	Extra Rates		Ordinary Hours	Penalty Hours	Single Time	Time & One Half	Double Time	Double Time & One Half	*Notes or Special Conditions*
	dd mm yy	♦ hrs : mins	♦ hrs : mins	⌘ hrs . dec	⌘ hrs . dec	%	Code	Qty	(103)	(107)	(130)	(131)	(133)	(134)	
Thursday		:	:	.	.										
Friday		:	:	.	.										
Saturday		:	:	.	.										
Sunday		:	:	.	.										
Monday		:	:	.	.										
Tuesday		:	:	.	.										
Wednesday		:	:	.	.										
Thursday		:	:	.	.										
Friday		:	:	.	.										
Saturday		:	:	.	.										
Sunday		:	:	.	.										
Monday		:	:	.	.										
Tuesday		:	:	.	.										
Wednesday		:	:	.	.										
			Total Time Worked:		.										**Totals**

Employee's School/Division:

I certify that the total time worked is true and correct.

Employee's Signature:

Date: D D M M Y Y Employee's Phone No.:

Override Charge Code: A S S D D D S S G G N N N N

I authorise payment of the total time worked.

Supervisor's Signature:

Date: D D M M Y Y Supervisor's Phone No.:

Business Manager's Approval (*optional*):

(Supervisors to check with Business Offices to ensure delegation to approve expenditure.)