

# McGill University - Admin Support staff Casual Employee Time Sheet

Top portion to be completed by the casual employee and submitted to supervisor. Bottom portion to be completed by the department/unit.

Please refer to payroll deadlines at:

<http://www.mcgill.ca/hr/pay/pay-schedule>

Name (Last & First) \_\_\_\_\_ McGill ID # \_\_\_\_\_  
PLEASE PRINT CLEARLY

Department/Unit: \_\_\_\_\_ SIN # (optional) \_\_\_\_\_

Workweek: From Sunday (date): \_\_\_\_\_ To Saturday (date): \_\_\_\_\_

Information applies to 1 week, where a week for EI purposes starts on Sunday and finishes on Saturday

Project/Task identifier (where applicable)	Day of the week	Time In	Time Out	Time off (e.g. lunch hour)	Total Hours	Comment and or general nature of work performed
To be completed in pen by the casual employee						
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
						Total hours
						Hourly rate
						Total (excludes 4% vacation pay)

Casual employee's Signature and Date signed \_\_\_\_\_

This Timesheet must be submitted no later than Monday, 12 noon of the week following your period of employment.

Departmental Office use only. (Do not forward to the Payroll Office)

Pay date:

Thursday \_\_\_\_\_

FUND      ORGANIZATION      ACCOUNT (6)      PROGRAM      ACTIVITY      LOCATION

FFM/PI or delegate: Print name

FFM McGill ID (required)

FFM/PI or delegate: signature & date

Supervisor/Manager's: signature and date

Delegate ID (if applicable)

Enter Work Category code

C-Clerical work  
T-Technical work  
M-Manager & Librarians  
U-Trades & Services

Work Study/Summer Career Placement  
Program  
No: \_\_\_\_\_

Enter Non-Academic Reason  
Code:

B-Vacant position ID #  
C-Peak week >= 6 hours  
D-Peak week < 6 hours  
E-Student  
L-Vacation - ID #  
M-Maternity Leave ID #  
S-Short Term Disability - ID #  
T-Long Term Disability - ID #  
X-Extended unpaid leave - ID #  
(ID # of person being replaced)  
(If reqd): \_\_\_\_\_

Reviewed/Approved POPS/Web data: signature & date

The original signed form MUST be retained in the department/unit for 7 years at a minimum, as supporting documentation in the event of an internal/external audit