ECUAD TIMESHEET

PLEASE PRINT

YEAR MONTH DAY

PAY PERIOD ENDING

LAST NAME

FIRST NAME

I confirm the information I have supplied is correct

EMPLOYEE SIGNATURE

FUND | LOC 00 | COST CENTRE | LABOUR CODE

NO EXCEPTIONS

EMPLOYEE PHONE #

COLLEAGUE #

DATE			NO. OF HOURS WORKED				SHIFT DIF. HOURS (CUPE)	NO. OF HOURS ABSENT	
YEAR	MONTH	DAY	Regular scheduled hours	ADDITIONAL HOURS P/T Employees Only	OVERTIME Pay/Hrs	OVERTIME Bank/Hrs	After 7 or weekends	Hours	Absence code
TOTALS									

ABSENCE CODES - PAID

- BT Banked time taken
- BD Bonus Day
- HO Stat Holiday (scheduled day off)
- HW Stat Holiday (scheduled work day)
- V Vacation
- SVCO Vacation Carry over
- PD Prof. Development
- FI Family Illness
- G Gratuity Day
- T Training
- B Bereavement
- J Jury
- F Flex
- S Sick
- SW Sick/WCB
- O Off campus duty
- U/E Union/Paid by ECU

ABSENCE CODES - UNPAID

- U/U Union / paid by Union
- LOA Approved Leave of Absence

FOR ADMINISTRATION USE ONLY

CUPE	Pay Grade	Step		Rate
Permanent			Monitor	
Temporary			Honorarium	
Replacement			Research Assist	
			Teaching Assist	

FACULTY	Step		Rate
Substitute		Model	

Sub/Model Course Name

ALL overtime must Be pre-approved by the department head and signed before submitting to Payroll Dept.

OT Approval (Print)

OT Approval (Sign)

Supervisor (Print)

Supervisor (Sign)