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	FI	Family Illness
BD	Bonus Day	G	Gratuity Day
HO	Stat Holiday (scheduled day off)	T	Training
HW	Stat Holiday (scheduled work day)	B	Bereavement
V	Vacation	J	Jury
PD	Prof. Development	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 Vice President, Finance and signed Before submitting to Payroll Dept.

VP Finance/ OT Approval

Supervisor (Print)

Supervisor (Sign)

Payroll