

Date Prepared:

| IY LAIE | TIMECARD - | PATIVIEN | | | | |
|---|----------------------------------|---------------------|------------------------|--------------------------|--|-------------|
| One timec | ard required for eac | h pay period. | Pay p | eriod end dat | e (yy/mm/dd) | |
| | | | | | r Employees/myTimecard/Time Entry tact your supervisor or the payroll office. | |
| Employee Name: | | | | Employee/Student Number: | | |
| Position Number or Job Title | | | | Department: | | |
| | | | | | | eneral Ledg |
| • | any other positions (s): | - | | NO | YES | |
| | | | | VE: | | |
| | Note: You may red | quire more tha | n one line per | day if you have r | more than one shift per day. | |
| | E | nter Statutory | holiday hours | only if you were | at WORK. | |
| Date: YY/MM/DD | Day of Week Sun/Mon/Tues/etc. | <-HOURS Time in: | WORKED -> Time out: | Total Hours Worked | Comments: | |
| | | (e.g. 8:30 AM) | (e.g. 4:30 PM) | Hours worked | | |
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| | TOTAL HOURS: | | | | | |
| REPARED I | BY : | | | | 1 | |
| | Employee sign | ature | | | | |
| EPARTMEN | IT HEAD/SUPERVIS | OR APPROVA | | | | |
| FDARTMEN | IT HEAD/QUIDED\/IQ | | | Name | | |
| DEPARTMENT HEAD/SUPERVISOR APPROVAL : Supervisor | | | | r signature | | |
| | PLEASE SEN | ID ORIGINAL | - | _ | M TO PAYROLL SERVICES | |
| А сору | can be SCANNED | to vmichali@ |)lakeheadu.ca | a - however, pay | yroll still requires the original for audit. | |