

Office of Financial	Services -	Payroll	Service
t: (807	343-8721	f: (807)	343-896

	(, (,
Date Prepared:	

## My LATE TIMECARD - PAYMENT REQUEST

One timed	ard required for eac	ch pay period.	Р	ay period end d	ate (yy/mm/dd)			
Note: Con					Payroll Services vith the next pos	no later than 4:30 pm of Thursday sible pay cycle	/	
Employee Name:			Employee/Student Number:					
Employee Po	osition:			Department:	Department:			
	Position Number			Rate of pay per hour \$:				
General Led	ger Account Numb	er ( xx.xx.xxx	xxxxx.xxxxx):					
Do you have	any other position	ns on campus	?	NO	YES			
REASON WH	Y EMPLOYEE HOURS	S WERE NOT SU	BMITTED ON-LII	NE:				
					you worked that orked prior to th			
Date: YY/MM/DD	Day of Week Sun/Mon/Tues/etc.	<-HOURS Time in:	WORKED -> Time out: (e.g. 4:30 PM)	Total Hours Worked		Comments:		
		(e.g. 8:30 AM)	(e.g. 4.30 PM)	TIOUIS WORKCU				
							_	
							_	
	TOTAL HOURS:							
PREPAREI		mployee sign	ature					
DEPARTME	NTHEAD/SUPERV		/AL:					
DEPARTME	ENTHEAD/SUPERV	ISOR APPROV						
Supervisor signature								

TIMECARDS CAN NOT BE SUBMITTED WITHOUT SUPERVISOR APPROVAL.

Please send original completed/signed form to Payroll Services. Electronic versions can be forwarded to payroll.analyst2@lakeheadu.ca.

In future, your hours worked must be entered at myInfo/For Employees/myTimecard/Time Entry If you have questions regarding entering your time on-line please contact your supervisor or the payroll office.