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 00 LOC 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)