

Employee ID Number

Position

Full Name

School/Area

**DEADLINE FOR PAYMENT: WED 5PM OF THE NON-PAY WEEK**

Pay Date

DAY	DATE	ORDINARY HOURS					OVERTIME HOURS			HR ONLY			EXTRA HOURS					SHIFT ALLOW		MEAL ALLOW
		ON	OFF	ON	OFF	TOTAL	ON	OFF	TOTAL	BASIC	50%	100%	ON	OFF	ON	OFF	TOTAL	W/ End	Week	B/L/D
T																				
F																				
S																				
S																				
M																				
T																				
W																				
T																				
F																				
S																				
S																				
M																				
T																				
W																				
<b>TOTALS</b>																				

Cost Centre

Employee's Signature \_\_\_\_\_

Extn No. \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Extn No. \_\_\_\_\_

Authorising Signature \_\_\_\_\_

Authorising Name \_\_\_\_\_

Extn No. \_\_\_\_\_

Casual	Limited Term
Permanent	Other

**Please complete all sections. Failure to do so may result in non-payment.**