McGill University - Admin Support staff Casual Employee Time Sheet

Top portion to be completed by the casual employee and submitted to supervisor. Bottom portion to be completed by the department/unit.

Please refer to payroll deadlines at:
http://www.mcgill.ca/hr/pay/pay-schedule

Name (Last & First) _____ McGill ID #_____
PLEASE PRINT CLEARLY

Department/Unit: _____ SIN # (optional) _____

Workweek: From Sunday (date): _____ To Saturday (date): _____
Information applies to 1 week, where a week for EI purposes starts on Sunday and finishes on Saturday

Project/Task identifier (where applicable)	**Day of the week**	**Time In**	**Time Out**	**Time off** (e.g. lunch hour)	**Total Hours**	**Comment and or general nature of work performed**
To be completed in pen by the casual employee						
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
						Total hours
						Hourly rate
						Total (excludes 4% vacation pay)

_____
Casual employee's Signature and Date signed

This Timesheet must be submitted no later than Monday, 12 noon of the week following your period of employment.

Departmental Office use only. (Do not forward to the Payroll Office)

Pay date:
Thursday _____

FUND	**ORGANIZATION**	**ACCOUNT (6)**	**PROGRAM**	**ACTIVITY**	**LOCATION**

_____
FFM/PI or delegate: Print name

_____
FFM McGill ID (required)

_____
FFM/PI or delegate: signature & date

_____
Delegate ID (if applicable)

_____
Supervisor/Manager's: signature and date

_____
Entered into POPS/Web: signature & date

_____
Reviewed/Approved POPS/Web data: signature & date

Enter Work Category code
C-Clerical work
T-Technical work
M-Manager & Librarians
U-Trades & Services

Work Study/Summer Career Placement Program
No:_____

Enter Non-Academic Reason Code:
B-Vacant position **ID #**
C-Peak week >= 6 hours
D-Peak week < 6 hours
E-Student
L-Vacation - **ID #**
M-Maternity Leave **ID #**
S-Short Term Disability - **ID #**
T-Long Term Disability - **ID #**
X-Extended unpaid leave - **ID #**
(**ID #** of person being replaced)
(If reqd): _____

The original signed form MUST be retained in the department/unit for 7 years at a minimum, as supporting documentation in the event of an internal/external audit