



Staff Fortnightly Time Sheet

Please return completed form by the 13th of the month

Time Sheets submitted after 13th of the month will be processed for the following month's pay run.

Name: _____ Department: _____

DAY	DATE	START	FINISH	LUNCH (minutes)	HOURS WORKED
WEEK A					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
WEEK B					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total hours					

Employee signature: _____ Date: _____

Line Manager signature: _____ Date: _____

Principal signature: _____ Date: _____

Bursar signature: _____ Date: _____