BUSIENGLISH
face-to-face

Relief Teaching STAFF FORTNIGHTLY TIMESHEET

STAFF MEMBER to complete this form, on a fortnightly basis, for work performed in each course/unit and have signed by the staff member in charge. Please print clearly. Do not claim for hours not yet worked

Division/Dept/Office: Discipline:

Employee Number: Unit of Study Ref:

Family Name: Other Names:

Fortnight ending: / / 2007 (Monday of week prior to pay week)

Job Number	Date Work Performed DD/MM/YY	Nature of Work Performed	No. of Hours/ Sessions	Supervisor's signature

Total Hours

I certify that the above details are correct: ____ _____ _____

(Employee's Signature) (Date)

OFFICE USE ONLY

Payment Approved _____ ___/___/ 2007

Head of Agency or other Financial Delegate (Date)

Processed: _____(inits) ____/____/____ Checked: _____(inits) ____/____/____