

Employee Name	SIN	Student No.	Personnel No.
Department	Supervisor's Name	Supervisor's Telephone Number	Pay Period (Start - End Dates)
Brief Description of Work Performed			Hourly Rate (or Job in TimeLink)
Cost Centre	Fund Centre	Order No.	Fund No.

**Actual Hours Worked For This Assignment**

Start of Week 1 (DD/MM/YY):							
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time In							
Time Out							
SubTotal							
Time In							
Time Out							
SubTotal							
Total							
Start of Week 3 (DD/MM/YY):							
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time In							
Time Out							
SubTotal							
Time In							
Time Out							
SubTotal							
Total							
Start of Week 5 (DD/MM/YY):							
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time In							
Time Out							
SubTotal							
Time In							
Time Out							
SubTotal							
Total							

Start of Week 2 (DD/MM/YY):							
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time In							
Time Out							
SubTotal							
Time In							
Time Out							
SubTotal							
Total							
Start of Week 4 (DD/MM/YY):							
Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time In							
Time Out							
SubTotal							
Time In							
Time Out							
SubTotal							
Total							

  

Week	Week 1	Week 2	Week 3	Week 4	Week 5
Total Hrs					

**IMPORTANT NOTES:**

- Please forward complete forms and all attachments (e.g employment contract) to: [Local HR Office / Business Officer]
- Forward a copy of the letter/employment contract on file [at Human Resources] if not done yet.
- Incomplete forms/incorrect information will delay processing.
- For enquires or questions please call [Payroll Service (Central or Local HR Office)]
- Grey Section for Internal Use Only
- Fields in yellow are calculated based on numbers entered in SubTotal Fields

**Other Employment at the University of Toronto**

Do you currently work in another department/area at the University?

Yes (if yes, please complete section(s) below

No

Department 2	Supervisor's Name	Supervisor's Telephone Number	Pay Period (Start - End Dates)
Brief Description of Work Performed		Hourly Rate (or Job in TimeLink)	Expected/Actual Hours

**Authority/Approvals:** I agree that the above information is an accurate reflection of hours worked during the stated period. In the event that I obtain and concurrently work in another position at the University in the future, I will advise all departments of my employment in the other department(s). If my total combined hours of work may possibly exceed full-time hours as stated in the terms and/or collective agreement governing my employment or 44 hours per week as per the Employment Standards Act of Ontario, whichever comes first, I will be entitled to overtime in accordance with the terms and conditions of my employment. I understand that overtime must be approved in advance by my immediate supervisor(s) or authorized designate, and will be determined in accordance with the terms and conditions of my employment.

Employee Signature	Date	Supervisor's Signature	Date
Signed By		Signed By	