

Employee Name _____

For Month/Year _____

 ENTITLEMENTS TAKEN

(EXCLUDING TOIL, as noted by the following Leave codes):

- | | | | |
|------|------------------------------------|----|-------------------------------|
| AH | Annual Holiday | SP | Special Leave |
| IC | Casual Illness | | Bereavement Leave (state who) |
| IG | General Illness (attach dr's note) | | Travel Time (state where) |
| LWOP | Leave Without Pay | | Family Illness (state who) |
| OTH | Specify | | Moving Day |
| UB | Union Business | | Mourner (state who) |

 NO EXCEPTIONS TO REPORT

Date(s)	From (hour)	To (hour)	Total Time Taken (days or hours)	Leave Code	Remarks

 AUTHORIZED OVERTIME AND TOIL

(as noted by the following Salary Adjustment codes): BL Balancing OT Overtime Earned TOIL Time Taken in Lieu

Date	Salary Adjust. Code	Minutes or Hours Worked @ x 1	@ x 1.5	TOIL Time Taken	Remarks (including charge back instructions - attach prior approval)
Total Time Worked x rate		x 1	x 1.5	Total TOIL Time Taken	
Calculated Time (in mins.)		=			
Converted to Hours					

SUMMARY	Previous Balance	Add: Time Earned	Less: Toil Time Taken	Less: Time To Be Paid Out	Balance Forward
TOIL HOURS					

AD HOC PAYMENTS (attach authorization) / OVERLOAD (see Article 9.3.2)

Course	\$Amount	Charge to Code	Remarks

Employee Signature _____ Date _____

Supervisor / Dean Signature _____

 ➤ **THE TIMESHEET MAINTAINED BY HUMAN RESOURCES IS THE OFFICIAL DOCUMENT.**

➤ Please retain the yellow copy for your reference. ➤ Human Resources will return a photocopy of your timesheet if there are corrections.

(ATT.02/November 03, 2003)

Date EMPLOYEE #:	
DATE	ENTERED
DATE	VERIFIED