HR Office use only



## **Human Resources Division**

## **Casual Staff Timesheet/Additional Hours Payment Request**

By signing this document you declare the information given true and correct

Type of request (please indicate)															
	This request is an additional hours or overtime request <b>OR</b>														
	This request is a casual payment request														
	IF this is a casual payment request, has a Standard Casual Staff Individual Employment Agreement been completed?														
Pleas	e not	t <b>e:</b> No ca	asua	l payr	ment can l	oe acti	oned	unless the Ca	sual (	Staff Agre	ement has	been rec	eived by P	ayroll Serv	/ice
	For casual staff, holiday pay is paid on a pay-as-you-go basis unless other arrangements have been made with payroll services														
	Other arrangements have been made – holiday pay is not to be paid with this payment														
	This is a final or one-off payment														
Perso	nal E	Details													
Emple	oyee	Name							Em	ployee ni	umber				
Depai	rtmer	nt							Dat	e of requ	est				
Positi	ion								Sup	ervisor					
Requ	est d	etails													
Perio	d cov	/ered:		Fron	m:			T	o:			_			
Total	hrs v	vorked							Awa	ard grade	•				
Hourl	y rate	е										(plus 8	% holiday	pay for cas	sual staff)
OR A	greed	d Fee:										(plus 8	% holiday	pay for cas	sual staff)
Times	sheet	record													
								ing and finishi			e use extra	tables o	n back of fo	orm if nece	essary)
> L Day		Dreaks a	Sta	•	Finish	Meal		daily number	or no	Day	Date	Start	Finish	Meal	No of
		uio	time	-	time	brea		nours		Juy	Julio	time	time	break	hours
Mon							_			Mon					
Tue Wed										Tue Wed					
Thu										Thu					
Fri										Fri					
Sat										Sat					
Sun										Sun					
				Т	otal hours	worke	d:						Total hour	s worked:	
Acco	unt C	ode (pl	ease	tab to	get to next	numbe	r field	when filling in a	ccoun	t code)					
GL PL															
(Please ensure that the appropriate dissection of this account code is open on Finance One and is valid for wage repayment to be drawn against)															
Emple	Employee Signature														
Super	Supervisor Signature														
HOD Signature (or other person with formal delegated authority)					ority)										
Name	Name (please print)														
Designation															

## Additional Hours/Casual Timesheet Record

- Please enter the dates and time of commencing and finishing work Please note: Lunch breaks are unpaid when calculating the daily number of hours

Day	Date	Start time	Finish time	Meal break	No of hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Day	Date	Start time	Finish time	Meal break	No of hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Day	Date	Start time	Finish time	Meal break	No of hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Day	Date	Start time	Finish time	Meal break	No of hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Day	Date	Start time	Finish time	Meal break	No of hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Day	Date	Start time	Finish time	Meal break	No of hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					