FORTNIGHTLY TIMESHEET - CASUAL GENERAL STAFF

Employee ID	Surname (please print)	Given Full Names	School/Admin Dept	UWA Student ☐ Yes ☐ No

OVERTIME AUTHORISATION
Where hours worked are in excess of 7.5 hours per day overtime rates will apply (the 25% casual loading will not apply).
Penalty rates will NOT apply if the hours worked have been at the convenience of the employee and not specifically required by the supervisor. In these circumstances Part A must be completed.

These hours were worked during teaching semester ☐ **Yes** ☐ **No**

Part A - Employee to sign (please delete whichever does not apply)
I requested a minimum engagement of less than three hours
I requested the hours for my convenience and were not specifically required by my supervisor.

Signature ……

	HOURS WORKED (Please indicate AM or PM)				**TOTAL HOURS WORKED**		**HUMAN RESOURCES USE - EXTENSION OF HOURS**			
Date	From Hrs Mins	To Hrs Mins	From Hrs Mins	To Hrs Mins	(7.5 hrs and under) Column 1	(Authorised O/T Hrs) Column 2		Code 510 (Overtime @ 1.5 T)	Code 512 (Overtime @ 2 T)	Code 514 (Overtime @ 2.5 T)
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
POSITION NUMBER					Total Fortnightly Hours Worked					

SALARY SCHEDULE _____ **OR** HOURLY RATE (Do not include 25% Casual Loading) **$** _____

Business Unit	Budget Year	Project/Grant	Account	Distribution
				%
				%

☐ **I certify that the hours claimed above are correct.**

Scholarship Holders only

☐ **I certify I have not worked more than 8 hours a week during the notional standard working hours of 9am to 5pm, Monday to Friday.**

…… ……
Employee Signature Date

I certify that the hours claimed above are correct and meet the requirements of the minimum hours of engagement and payment is approved. In approving this payment I confirm that I am an Approved Delegate and funds are available.

Signature of Approved Delegate …… Name of Officer ……

School/Admin Dept …… Date:…… Ext:……