



MANUAL TIMESHEET

NAME _____

STUDENT/ BANNER ID _____

DEPARTMENT/DIVISION _____

SUPERVISOR _____

PAY PERIOD:

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Week 1								
Week 2								

TOTAL HOURS

For Reference:

1. Send timesheet to payroll@ontariotechu.ca after supervisor approves.
2. Account code is optional unless need specified or have multiple positions.
3. One timesheet to be submitted per pay period.

EMPLOYEE SIGNATURE _____

SUPERVISOR'S APPROVAL _____

DATE _____

ACCOUNT CODE / POSITION _____