



Employee timesheet/claim form

RESTRICTED

NAME (BLOCK LETTERS)	NINO DOB	CENTRE OF DUTY	POSITION TITLE	PERSONNEL No. / DES No. / EMPLOYEE No.
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Substitute hours To be paid at grade SCP

Week ending (Sunday)	Reason for hours worked	TOTAL hours claimed in decimals – excluding breaks							Total
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	

FOR COMPLETION BY HUMAN RESOURCES / ADMIN SUPPORT

	Wage	I certify all the entries in this claim to be correct.	Rate amount	Week ending	Minutes to decimal conversion
		Signature of claimant _____ Date _____	:		5 mins 0.08
			:		10 mins 0.17
			:		15 mins 0.25
			:		20 mins 0.33
		Signature of manager _____ Date _____	:		25 mins 0.42
			:		30 mins 0.50
			:		35 mins 0.58
		Print name _____	:		40 mins 0.67
			:		45 mins 0.75
			:		50 mins 0.83
			:		55 mins 0.92