FORM FOR PAYMENT OF SALARY - GENERAL STAFF

This form can be completed online prior to printing. If you fill in the form by hand please PRINT CLEARLY IN BLOCK LETTERS. TIMESHEETS MUST BE SUBMITTED BY 11.00 AM MONDAY OF THE PAY WEEK. PLEASE ENSURE ALL BOXES ARE FILLED IN BECAUSE IF THE FORM IS INCOMPLETE IT WILL BE RETURNED TO YOU.

Staff Number Job Number

Name Organisational Unit

HEW Level Step Cost Collector Details Code

Date	Start Time *eg 9.00am*	Finish Time *eg 5.00pm*	Deduct Meal Break *eg 1 hour*	Total Hours *eg 7.00*

STAFF MEMBER - I certify that the hours shown have been worked.

Signature: .....
Date: ...../...../.....

HEAD OF ORGANISATIONAL UNIT - I certify that the details provided are correct.

Name (Please Print): .....

Signature: ..... Date: ...../...../....

Pay Rates **for Higher Education Workers are available from here.**

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