

UFV PAYROLL TIMESHEET

(Please Print)

Name: _____

Mailing Address: _____

Street

City Province Postal Code

Phone Number: _____

I.D #

(SIN if ID # not available) _____

Is this a new address?

YES NO

Birthdate: / /

D / M / Y

Date		Start Time	Finish Time	Hours to be Paid	Comments	
Month	Day					
					Payroll Use Only	
ID #						
POSITION #						
EARNING CODE						

Employee Contract #	Total hours	Rate of Pay	Budget Codes
Name of Course			

Employee Signature Authorizing Signature/**Print Name below** Date

Do you want your paystub location changed? Indicate New location here