Concordia UNIVERSITY

TIME SHEET

TWO-WEEK PERIOD ENDING DATE
(N.B. THE ACTUAL PERIOD WORKED ENDING DATE)
See Deadlines for submitting time sheets under this website

MM	DD	YY

EMPLOYEE NAME :_____

EMPLOYEE I.D.#: _____

STUDENT I.D.#: _____
(IF APPLICABLE)

				FIRST WEEK (DAILY HOURS WORKED)									SECOND WEEK (DAILY HOURS WORKED)									(IF APPLICABLE)		
WORK DESCRIPTION	FUND/ORG.	ACCOUNT	*ACTIVITY CODE	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS WEEK 1		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS WEEK 2		HOURLY RATE	GRADE/CLASS	STEP

REQUIRED EMPLOYEE DATA:
_____

SOC. INS. NO.: _____ _____ _____ DATE OF BIRTH: ____I ___I ___I

HOME ADDRESS: _____

_____

TELEPHONE #: ( ) _____

BANKING (DIRECT DEPOSIT) DATA N.B. CANADA ONLY

BANK ADDRESS :

_____

_____

Bank transit No. : _____

Account No. :_____

Internal Address : Campus _____Bldg. _____Room____

AUTHORIZED SIGNATURE:_____

DEPT. NAME:_____

Please print name here:_____

DATE: _____

Federal and Provincial Tax Credit Forms can be downloaded from this web site

Please return once filled to the Payroll Office at ER-500, SGW campus.