



Payroll Information /Time Sheet

Your S.I.N. and student number are being collected under the authority of the Brandon University Act and will be used for Revenue Canada reports. It is protected by the Protection and Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Chief Human Resources Officer, Human Resources, Brandon University.

FOR HUMAN RESOURCES
USE ONLY

EMPLOYEE NAME: _____
first name last name

FACULTY/DEPT: _____ BU EMAIL: _____ @brandonu.ca

PERMANENT ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ DATE OF BIRTH (M/D/Y): _____

BRANDON UNIVERSITY STUDENT No. _____ SOCIAL INSURANCE No. _____

1 EMPLOYMENT DATES: _____ TO: _____
(rehire date if applicable) START DATE END DATE

JOB TITLE: _____ CLASSIFICATION: _____

SALARY/WAGE \$ _____ PER: _____ BUDGET CODE: _____

I AUTHORIZE MY SUPERVISOR TO ENTER MY HOURS ON MY BEHALF : _____ PAID: Bi-weekly UNION: _____ DUES: yes

REMARKS (including a detailed description of duties performed): _____

2 AUTHORIZED BY: _____ DATE: _____
PRESIDENT, V-P, DEAN DEPT. HEAD

EMPCENTER APPROVAL	PAYROLL OFFICE USE ONLY
3 LEVEL 2 _____	Group Name _____
LEVEL 3 _____	

4 TERMINATION DATE: _____ REASON: _____

VACATION/BANKED TIME OWING _____ HRS/DAYS R.O.E. REQUESTED: YES NO

REMARKS: _____

AUTHORIZED BY: _____ DATE: _____

5 **TIMESHEET** FROM: _____ TO: _____

DATE	IN	OUT	REG	O/T

DATE	IN	OUT	REG	O/T

PAYROLL OFFICE USE ONLY			
TIME	HOURS	RATE	AMOUNT
REGULAR			
OVERTIME			
__% VAC.PAY			

AUTHORIZED BY: _____

DATE: _____

TOTAL HOURS PAID:

REGULAR _____ O/T _____ BANKED _____

NIGHT PREMIUM _____ WEEKEND PREMIUM _____

CALL-BACK _____ STAND-BY _____

CERTIFIED CORRECT

EMPLOYEE: _____

SUPERVISOR (print/sign): _____

HUMAN RESOURCES: _____