



LOCATION  
(Please tick)

<input type="checkbox"/>	AL
<input type="checkbox"/>	BA
<input type="checkbox"/>	WW
<input type="checkbox"/>	DU
<input type="checkbox"/>	Other

Period Ending \_\_\_\_\_

Surname

Given Names

Postal Address

School/Section

Employee Number

Subject Code

B53

Contract Number

Separate timesheet per appointment reason (SSUP, SREP or SBUY)  Appointment Reason

Description of Work	PERIOD			School Use Only			Total Hours	Rate/ Hour	Total Amt	Code
	Date from	Date to	Hours	Date from	Date to	Hours				
<b>Lecturer</b>	Specialist Lecture									AX260
	Developed Lecture									AX250
	Basic Lecture									AX240
	Repeat Lecture									AX230
<b>Tutor</b>	Tutorial (Qual)									AX205
	Tutorial									AX200
	Repeat Tutorial (Qual)									AX195
	Repeat Tutorial									AX190
<b>Marking</b>	Significant Marking (Qual)									AX165
	Significant Marking									AX160
	Standard Marking (Qual)									AX155
	Standard Marking									AX150
<b>Other</b>	Clinical Educator (Min-Qual)									AX284
	Clinical Educator (Max-Qual)									AX288
	Clinical Educator (Max)									AX278
	Clinical Educator (Min)									AX274
	Other Academic Activity (Qual)									AX175
	Other Academic Activity									AX170
<b>TOTAL CLAIM:</b>										

**EMPLOYEE CERTIFICATION :**

I certify the above details are correct \_\_\_\_\_

Employee Signature

Date

**AUTHORISATION :** For School Use Only

Account to be charged:  /

Only to be used for variations to the above account code

Code	Hours	Account to be charged
		/ /
		/ /
		/ /

I certify the information recorded has been examined and is now certified as being authorised, correct, and that funds are available.

Name of Authorising Officer \_\_\_\_\_ Signature of Authorising Officer \_\_\_\_\_ Date \_\_\_\_\_

HR Use Only	Job Number:	Pay Date:	Processed By:	Date:
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**Division of Human Resources - <http://www.csu.edu.au/division/humres>**

**Albury – Wodonga Campus**  
(Level 5, Administration Building, Thurgoona)  
PO Box 789  
ALBURY NSW 2640  
Telephone: 02 6051 9890  
Facsimile: 02 6051 9916

**Bathurst Campus**  
(Upper Floor, Phillips Building)  
Private Mail Bag 29  
BATHURST NSW 2795  
Telephone: 02 6338 4107  
Facsimile: 02 6338 4406

**Wagga Wagga Campus**  
(Graham Building)  
PO Box 588  
WAGGA WAGGA NSW 2678  
Telephone: 02 6933 2230  
Facsimile: 02 6933 2886

**IMPORTANT NOTES**

1. Please use Black or Blue pen to complete timesheets. Do not use pencil.
2. If this timesheet is to be faxed DO NOT follow up with original, otherwise a double payment may result.
3. Incomplete, unsigned or late timesheets will not be processed.
4. Completed timesheets must be received by the Division of Human Resources on Monday immediately following pay day. Claims may be projected up to and including the Thursday of that week.
5. The Division of Human Resources must be notified of any amendments to timesheets by no later than 12.00 pm on the Thursday of off pay week (i.e. the day up to which claims may be projected).
6. Timely and regular submission of pay claims is advised. Bulk submission of pay claims covering more than one pay period may result in higher taxation.

**PRIVACY STATEMENT**

The personal information you provide on this form is protected by the Privacy and Personal Information Protection Act 1998 (NSW).

You are required to provide this information to enable the University to verify and make payment for authorised work performed by yourself.

Access to the information you provide is available to yourself, your supervisor and Dean/Executive Director and those persons authorised to access the information in the course of their duties to the University.

This form will be retained by the Division of Human Resources and held as an auditable document for a period of twelve months.

Further details regarding access and notations to personal information provided by yourself to the Division of Human Resources are set out in the University's policy "Access to Personal Files".