



**GENERAL STAFF  
AUTHORISATION AND TIMESHEET**

LOCATION  
(Please Tick)

AL		BA	
WW		DU	
Other - Specify			

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

School/Section \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Address \_\_\_\_\_ Classification Level   
 \_\_\_\_\_ Post Code \_\_\_\_\_ Hourly Rate \$

<input type="checkbox"/>	Casual
<input type="checkbox"/>	Overtime
<input type="checkbox"/>	Allowances

(Please tick, and note that more than one claim may apply)

Description of Work e.g. word processor, gardener \_\_\_\_\_

	F	S	S	M	T	W	T	F	S	S	M	T	W	T	Human Resources Use Only			
1. Date																		
2. Hours	Commenced														JOB NUMBER :			
	Start Break														RATE/AWARD :			
	End Break														WORK DATE :			
	Finished														Hours	Minutes	Code	Units
3. Total of hours to be paid																SAL		
4. Overtime	x 1.0															OV10		
	(Inc. Call-Out, x 1.5															OV15		
	Call-Back) x 2.0															OV20		
	x 2.5															OV25		
5. Shift	Early															KS10		
	Late															KS15		
	Night															KS175		
	Perm. Night															KS30		
	Allowance															KSMIS		
6. Penalties	x 0.50															KP050		
	x 0.75															KP075		
	x 1.00															KP100		
	x 1.50															KP150		
7. Allowances	Breakfast															K077		
	Lunch															K078		
	On Call															K48		

**EMPLOYEE CERTIFICATION :**

I certify the above details are correct \_\_\_\_\_  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORISATION :**

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

Where hours have been projected, I undertake to notify the Human Resources Office should these vary from the actual hours worked.

Hours	Account(s) to be charged

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

**Human Resources Use Only**

Processed By : \_\_\_\_\_ Date : \_\_\_\_\_

**Division of Human Resources - <http://www.csu.edu.au/division/humres>**

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Facsimile: 02 6051 6916

**Bathurst Campus**  
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BATHURST NSW 2795  
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**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".