



# TIME REPORTING FORM

Page  of

Employee ID #	<input type="text"/>
Employee Record #	<input type="text"/>

Last Name	First Name	Initial	Job Title	Pay Period (s)
-----------	------------	---------	-----------	----------------

Region	Department	Division	Location
--------	------------	----------	----------

Date	Actual Hours Worked		Time Reporting Codes																Reason	Account	Auth Initials
			Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Unit	Unit	Hour	Hour	Hour			
DD/MM/YY	FROM	TO	REG	OT1	OT2	LT	SL	AO	PS 1	PS 2	PS 3	OP	RSD	SBU	SBW	CB	SH2				
<b>Total</b>																					

Employee's Signature I hereby certify that I have worked the above hours	Date	Spending Authority Certified pursuant to sub-section 44(1)(a) or 49(2)(a) of the FINANCIAL ADMINISTRATION ACT	Date
---	------	--	------

Supervisor's Signature I hereby certify that the above hours were completed	Date	Payment Authority Certified pursuant to sub-section 44(1)(b) or 49(2)(b) of the FINANCIAL ADMINISTRATION ACT	Date
--	------	---	------

Data Entered By	Date
-----------------	------