

SELECTING A CANDIDATE

The procedure for selecting a candidate is as follows:

1. Career Services collects the applications for your Work Study posting through Career Connection.

Note: All applications must first be submitted to Career Services to determine eligibility.

2. Career Services determines which applicants are eligible for Work Study and emails you the approved applicants. Do not contact a student for an interview until you have received the list of approved applicants.
3. The Project Manager reviews the applications, arranges interviews, and selects **one** of the candidates.

Note: It is the Project Manager's responsibility, if desired, to contact applicants who were unsuccessful. If you would like standard interview questions or templates for reference checking, you can request these via email (careers@kpu.ca).

COMPLETING HIRING FORMS

After selecting the candidate, follow these steps to complete the hiring paperwork:

1. Have the student complete the hiring package forms:
 - Work Study Contract of Employment (Specify the contract end date: Dec 31/15 or Apr 30/16)
 - Human Resources Data Gathering form
 - Employee Direct Deposit Authorization form
 - Void cheque or print out with banking information, stamped by financial institution
 - Provincial **and** Federal Personal Tax Credits Return forms
2. The student submits the completed hiring package to Career Services via email to careers@kpu.ca or via intercampus mail to Career Services, Surrey Main, 136.

SUBMITTING TIMESHEETS

Once the student is working, submit timesheets as follows:

1. Student completes a timesheet **bi-weekly**, signed by the Project Manager or Supervisor. Refer to attached schedule.
 - The position number (**988243**) is the same for all Work Study positions.
 - The org code is **your department** account code.

Note: SAFA commits the full amount of funding up front, and at the end of the work term, after a review, any unused portion of the funding is transferred back to SAFA.

2. Student or Project Manager submits a copy of the timesheet to Payroll on the Tuesday before the pay period end date:
 - Scan and email timesheets to payroll@kpu.ca (Attention: Work Study)
 - Fax: 604-599-3141 (Attention: Work Study)

***For information on hours of work:**

<http://www.kpu.ca/careers/hire-student>

***For timesheet templates:**

http://www.kwantlen.ca/finance/payroll/forms_timesheets.html or obtain triplicate copies in the Copy Centre.



WORK STUDY - CONTRACT OF EMPLOYMENT

Student Information:		Position Information:	
Name:		Position #: 988243	
Address:		Position Start Date:	
		Position End Date: (mandatory – please provide this information)	
Phone #:		Department:	
Student ID #: (Banner #)		Campus: (include campus address)	
Date of Birth:		Fund or Org Code:	
Gender: <input type="checkbox"/> male <input type="checkbox"/> female		Name of Supervisor:	
Social Insurance #:		Supervisor's phone #:	
Name of Administrator:		Signature of Administrator: (Mandatory)	Date:

Terms of Employment for Work Study Student Assistants

- Rate of pay is \$10.25 per hour (or current B.C. minimum wage rate) plus 4% vacation pay.
- Work Study Student Assistants may work a maximum of 15 hours per week / 7 hours per day as per University Policy G.16.
- Maximum 4 month term assignment.
- Subject to Work Study Program requirements and procedures.
- Working conditions are governed by the Employment Standards Act.
- Work Study Student Assistants must wear identification tags when working on campus.
- Position responsibilities are outlined in the job description.
- All employees are governed by the University Bylaws and Policies. Please ensure you review and understand the contents of all bylaws and policies (available online at <http://www.kwantlen.ca/policies/>).

By accepting this offer, you agree to abide by all bylaws and policies of the University and confirm that you have received a copy of the job description and understand the job responsibilities.

I accept this job offer.

Signature of Student

Date (D/M/Y)

Enclosed please find a Data Gathering form, Federal and Provincial tax forms, and a Direct Deposit Authorization form for your completion. Please return completed forms to your supervisor along with a copy of your Social Insurance card.

A copy of your job description is enclosed for your reference.

Please submit timesheets to your supervisor prior to the position end date and according to the pay period schedule.

Distribution: Original to Department
Copy to Student Awards & Financial Assistance
Copy to Employee
Copy to Human Resources

May 2014

PERSONAL INFORMATION

Employee Name _____ Employee ID Number _____

YOU HAVE THE OPTION OF DIRECTING YOUR PAY INTO EITHER ONE OR TWO ACCOUNTS.

Please attach a cheque(s) marked "VOID" and return this form to the Payroll Department at Langley Campus for processing.

If you do not have cheques for this account, please attach the printed Payroll Direct Deposit form provided by your financial institution.

We regret that we are unable to accept handwritten banking information.

BANK ONE INFORMATION

Bank or Financial Institution _____

Bank Address _____

Postal Code _____ Amount or percent of net pay for deposit: \$ _____ or _____ %

Financial Institution

0				
---	--	--	--	--

Bank Transit Number

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BANK TWO INFORMATION

Bank or Financial Institution _____

Bank Address _____

Postal Code _____ Amount for deposit: ----- **BALANCE OF NET PAY** -----

Financial Institution

0				
---	--	--	--	--

Bank Transit Number

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorize my employer, Kwantlen Polytechnic University, to deposit funds to the above account(s).

Signature

Date



Human Resource Services Employee Data Gathering Form

Employee/Banner ID (office use only)

Are you presently or have you been a student at Kwantlen YES NO
 Have you ever been employed at Kwantlen YES NO

A) PERSONAL INFORMATION

Legal Last Name	Previous/Maiden Name	First Name	Middle Name	Preferred Name
Address:	Street	City	Province	Postal Code
Home phone		Social Insurance No. (Please attach photocopy)		
Cell phone		Date of Birth (DD-MM-YYYY)		
Personal Email (Optional)				
Marital Status (please circle one)		Citizenship (please circle one)	Department Information	
Single Separated		Canadian Citizen	Department Name	
Married Common Law		Permanent Resident	Supervisor Name	
Gender: Male Female		Non-Citizen		

B) EMERGENCY CONTACT INFORMATION

Last Name	First Name	Phone Number	Relationship	
Address:	Street	City	Province	Postal Code
Last Name	First Name	Phone Number	Relationship	
Address:	Street	City	Province	Postal Code
Do you have any medical conditions or allergies, of which a medical team should be aware?				
Family physician:		Telephone #		

C) EDUCATION DATA Note: This information is used for statistical purposes and for the University Calendar. *(If you wish to have this information reflected in your employment record, please ensure copies of transcripts have been provided).*

Type and Name (ie. Bachelor of Arts, Master of Science, First Aid Certificate)	Institution (include location of School)	Year Graduated	Expiry Date (if applicable)	Transcripts provided (Y/N)
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate				
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate				
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate				
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate				

D) LANGUAGES (other than English)

Speak Write Read	
Speak Write Read	
Speak Write Read	

E) ADDITIONAL INFORMATION

Name: _____

I certify that all information is true and complete.

Signature: _____

Office use only



Read the back before completing this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Complete this form based on the best estimate of your circumstances.

The section 2 includes the proposal to eliminate the Child amount for 2015 and subsequent taxation years in conjunction with the enhancements to the universal child care benefit (UCCB).

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2015, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

11,327

2. Caregiver amount for children under age 18 – Either parent (but not both), may claim \$2,093 for each infirm child born in 1998 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the family caregiver amount for that same child who is under age 18.

3. Age amount – If you will be 65 or older on December 31, 2015, and your net income for the year from all sources will be \$35,466 or less, enter \$7,033. If your net income for the year will be between \$35,466 and \$82,353 and you want to calculate a partial claim, get Form TD1-WS, *Worksheet for the 2015 Personal Tax Credits Return*, and complete the appropriate section.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,899.

7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$11,327 (\$13,420 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,327 or more (\$13,420 or more if he or she is **infirm**), you cannot claim this amount.

8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$11,327 (\$13,420 if he or she is **infirm** and you **cannot claim the caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,327 or more (\$13,420 or more if he or she is **infirm**), you cannot claim this amount.

9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,735 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,608 (\$6,701 if he or she is **infirm**); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,701.

If the dependant's net income for the year will be between \$15,735 and \$20,343 (\$15,735 and \$22,436 if he or she is **infirm**) and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.

10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,720 or less, enter \$6,700. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,720 and \$13,420 and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, or disability amount on his or her income tax return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition, education, and textbook amounts** on his or her income tax return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

Continue on the next page ➔

Completing Form TD1

Complete this form **only** if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not complete Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2015, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 on the front page, and do not complete lines 2 to 12.

Total income less than total claim amount

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only complete if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2015?

- Yes (Complete the previous page.)
- No (Enter "0" on line 13, and do not complete lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$11,327, you also have to complete a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,327), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2015, you may be able to claim the child amount on Form TD1SK, *2015 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2015, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to www.cra.gc.ca/northernresidents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 047

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

Completing Form TD1BC

Complete this form **only** if you are an employee working in British Columbia or a pensioner residing in British Columbia and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not complete Form TD1BC, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2015, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1BC, enter "0" on line 12 on the front page, and do not complete lines 2 to 11.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, complete "*Additional tax to be deducted*" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to www.cra.gc.ca/forms or call 1-800-959-5525.

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 047

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

**2015 BI-WEEKLY PAY PERIOD SCHEDULE
FOR ALL EMPLOYEES**

Pay Number	Pay Period Start Date	Pay Period End Date	Flex Weeks	Pay Date	Timesheets due in Payroll by NOON on Wednesday:	** Note ** Exceptions
1	Dec 21 2014	Jan 03 2015	3\4	Jan 09	Dec 30	**Tuesday
2	Jan 04	Jan 17	1\2	Jan 23	Jan 14	
3	Jan 18	Jan 31	3\4	Feb 06	Jan 28	
4	Feb 01	Feb 14	1\2	Feb 20	Feb 11	
5	Feb 15	Feb 28	3\4	Mar 06	Feb 25	
6	Mar 01	Mar 14	1\2	Mar 20	Mar 11	
7	Mar 15	Mar 28	3\4	Apr 02	Mar 24	**Tuesday
8	Mar 29	Apr 11	1\2	Apr 17	Apr 08	
9	Apr 12	Apr 25	3\4	May 01	Apr 22	
10	Apr 26	May 09	1\2	May 15	May 06	
11	May 10	May 23	3\4	May 29	May 20	
12	May 24	Jun 06	1\2	Jun 12	Jun 03	
13	Jun 07	Jun 20	3\4	Jun 26	Jun 17	
14	Jun 21	Jul 04	1\2	Jul 10	Jun 30	**Tuesday
15	Jul 05	Jul 18	3\4	Jul 24	Jul 15	
16	Jul 19	Aug 01	1\2	Aug 07	Jul 28	** Tuesday
17	Aug 02	Aug 15	3\4	Aug 21	Aug 12	
18	Aug 16	Aug 29	1\2	Sep 04	Aug 26	
19	Aug 30	Sep 12	3\4	Sep 18	Sep 09	
20	Sep 13	Sep 26	1\2	Oct 02	Sep 23	
21	Sep 27	Oct 10	3\4	Oct 16	Oct 06	** Tuesday
22	Oct 11	Oct 24	1\2	Oct 30	Oct 21	
23	Oct 25	Nov 07	3\4	Nov 13	Nov 03	** Tuesday
24	Nov 08	Nov 21	1\2	Nov 27	Nov 18	
25	Nov 22	Dec 05	3\4	Dec 11	Dec 02	
26	Dec 06	Dec 19	1\2	Dec 24	Dec 11	** Friday

Timesheets must be prepared, approved and **RECEIVED** by Payroll Services
NO LATER THAN THE DUE DATES SHOWN ABOVE.

PAYROLL FAX # 599-3141

Signed timesheets may be faxed to Payroll. If you fax your timesheet, please **do not** send the original to Payroll, unless it has been revised or the faxed copy was not signed.

Late timesheets will be processed for payment in the NEXT pay period (i.e. 2 weeks later).

**** Statutory Holidays fall during the weeks when these payrolls are being processed****
You will be reminded to send timesheets in early.

Direct Deposit of your pay to your bank account is mandatory for all employees.
Direct deposit forms must arrive in Payroll 1 week before payday to allow for processing.

Bi-Weekly Time Sheet

Org Code:	Last Name:	First Name:	Banner I.D.	Pay Period Start/End Date:	Employee' Signature:
Department:	Position Number	Rate Of Pay:	Employee Class:	Distribution: <input type="checkbox"/> Dept. <input type="checkbox"/> Employee <input type="checkbox"/> Payroll	Approved By:

LEAVES	WEEK 1								WEEK 2								CODE	GRAND TOTAL	
	S	M	T	W	TH	F	S	Week 1 Total	S	M	T	W	TH	F	S	Week 2 Total			
EARNINGS																			
Regular Hours																			BAS
Shift Premium																			SH1
Authorized Substitution Pay																			SUB
Other																			
OVERTIME FOR PAY																			
1/2x Short Change Over																			SC1
1x Short Change Over																			SC2
1 1/2x Reg Hrly Rate																			OT1
2x Hrly Rate																			OT2
Other																			
BANKED OVERTIME																			
Short Change Over for time off 1/2x (actual)																			SC3
Short Change Over for time off 1x (actual)																			SC4
Overtime for time off 1 1/2x (actual)																			OT4
Overtime for time off 2x (actual)																			OT5
Other																			

Vac. Entitlement Incl. Carryover: _____ **Vac. Hrs Taken This Year:** _____ **Vac. Balance:** _____ **O.T. Bank Balance:** _____

Org Code:	Record the organization code that the hours recorded on this time sheet are to be charged to. If you do not know check with your supervisor.
Last Name/First Name:	Fill in your name as you have asked it to be used throughout Kwantlen. If your name has changed, please advise Human Resources.
Banner I.D.	Record your employee number, this is also your student number if taking courses at Kwantlen.
Pay Period Start/End Date:	These dates are available through a drop down menu if using the electronic version of the time sheet or they can be obtained from the pay schedule, which is available in payroll. Record the Start and End Dates of the Pay Period.
Employee's Signature:	Please sign your name.
Department:	Fill in your department name.
Position Number	Every Job you have in the College has a position number. Record the Position Number that the hours you are working are to be charged against. You may have more than one Position Number, please complete a separate timesheet for each Position Number. If you do not know check with your supervisor.
Employee Class:	This is a drop down menu if using the electronic version otherwise you should record one of the following: Staff Regular, Staff Repeating Term, Staff Posted Auxiliary > 6mos, Staff Posted Auxiliary < 6mos, Staff Auxiliary, Student Assistant, Model, or Conversationalist.
Distribution:	If using electronic version, click on the box that you are printing a copy for. If using the pre-printed form distribute as per colour coding.
Rate of Pay:	Record your hourly rate.
Approved By:	Signature of person who has authority to sign for this org. Code.

Please use the following Leave Codes

LEAVES	CODES	LEAVES	CODES
Vacation	VAC	Worker's Compensation	WCB
Sick	SIC	Union Business With Pay	UNB
Banked Time Off in Lieu of O.T. Pay	OTA	Bereavement - Immediate Family	BRI
Family Illness	FAM	Bereavement - Non Immediate Family	BRN
Medical Dental Appointments	MED	General PD (P.D. That doesn't fit under any specific article in the Collective Agreement)	PD1
Leave Without Pay	DOC	Staff Training and Development (Article 22.2)	PD2
Birth/Adoption	SP1	Professional Development – Specialized Positions (Article 23.2)	PD3
Household/Domestic Emergency	SP2	College Wide PD Day (Article 22.3)	PD4
Attend a Funeral	SP3	College Orientation (Article 22.5)	PD5
Citizenship Hearing	SP4	Employer Required Training (Article 23.3)	PD6
Moving	SP5	Court Leave	CRT

Unless notified otherwise, Time Sheets must be in Payroll no later than noon, Wednesday before the end of the Pay Period, to be paid on the following Pay Day.

*Your department
account code*

Bi-Weekly Time Sheet

pay numbers, refer to pay period schedule

Org Code:	Last Name:	First Name:	Banner I.D. STUDENT #	Pay Period Start/End Date: eg. Dec 22/13 - Jan 4/14	Employee's Signature:
Department: YOUR DEPARTMENT	Position Number 988243	Rate Of Pay:	Employee Class: WORK STUDY STUDENT ASSISTANT	Distribution: <input type="checkbox"/> Dept <input type="checkbox"/> Employee <input type="checkbox"/> Payroll	Approved By: PROJECT MANAGER SIG.

	WEEK 1							WEEK 2							GRAND TOTAL
	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	
LEAVES							Week 1 Total							Week 2 Total	
BANKED OVERTIME															
Short Change Over for time off 1/2x (actual)															SC3
Short Change Over for time off 1x (actual)															SC4
Overtime for time off 1 1/2x (actual)															OT4
Overtime for time off 2x (actual)															OT5
Other															
OVERTIME FOR PAY															
1/2x Short Change Over															SC1
1x Short Change Over															SC2
1 1/2x Reg Hrly Rate															OT1
2x Hrly Rate															OT2
Other															
EARNINGS															
Regular Hours															BAS
Shift Premium															SH1
Authorized Substitution Pay															SUB
Other															

PRINT NAME HERE

Vac. Entitlement Incl. Carryover: _____ Vac. Hrs Taken This Year: _____ Vac. Balance: _____ O.T. Bank Balance: _____