CASUAL ACADEMIC STAFF FORTNIGHTLY TIMESHEET — FORM 6.02b

STAFF MEMBER to complete this form, on a fortnightly basis, for work performed in each course/unit and hand to the Academic staff member in charge.

Division/Dept/Office: _____

Discipline: _____

Employee Number : _____ Unit of Study Ref: _____

Family Name: _____ Other Names: _____

Fortnight ending: / / *(Wednesday of week prior to pay week)*

Job Number	Date Work Performed	Nature of Work Performed	Rate to be Paid	No. of Hours/ Sessions
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	
	/ /		$.	

I certify that the above details are correct: _____ ___/___/_____
(Staff Member's Signature) (Date)

I **recommend** that payment be made on the above basis.

_____ ___/___/_____
(Course Co-ordinator's Signature) (Date)

Account Number _ _ _ _ / _ _ _ _ / 213

Recorded in Division/Dept/Office: _____(inits)

Payment Approved _____ ___/___/_____
Head of Division/Office or other Financial Delegate (Date)

PERSONNEL OFFICE USE ONLY: MACQUARIE UNIVERSITY 31 JULY 2000

Processed/entered: _____(inits) ____/____/____ Checked: _____(inits) ____/____/____