

Employee Name	Personnel No.	Assignment Completed (Yes , No)	
Department	Supervisor's Name	Pay Period (Start - End Dates)	
Hourly Rate			

**IMPORTANT NOTES:**

- \*Please forward complete forms to utemp@utoronto.ca
- \*Incomplete forms/incorrect information will delay processing
- \*Working over 5 consecutive hours: Minimum 20 minute break required
- \*Working over 10 consecutive hours: Minimum 60 minute break required

\*Yellow fields auto-calculate based on values in SubTotal

Week 1 (DD/MM/YY)	Time In	Time Out	Subtotal Hrs	Break	Time In	Time Out	Subtotal Hrs	Total Hrs
Total Hrs								

Week 2 (DD/MM/YY)	Time In	Time Out	Subtotal Hrs	Break	Time In	Time Out	Subtotal Hrs	Total Hrs
Total Hrs								

**Authority/Approvals:** I agree that the above information is an accurate reflection of hours worked during the stated period. In the event that I obtain and concurrently work in another position at the University in the future, I will advise all departments of my employment in the other department(s). If my total combined hours of work may possibly exceed full-time hours as stated in the terms and/or collective agreement governing my employment or 44 hours per week as per the Employment Standards Act of Ontario, whichever comes first, I will be entitled to overtime in accordance with the terms and conditions of my employment. I understand that overtime must be approved in advance by my immediate supervisor(s) or authorized designate, and will be determined in accordance with the terms and conditions of my employment.

Employee Signature	Date	Supervisor's Signature	Date
Signed By		Signed By	