

Monthly Paid Timesheet

Department
Month of **Year**

Authorised timesheets should be submitted to the Payroll Office (2nd Floor, Tower Building) by internal post to arrive by the 15th of each month.(or the Monday after if the 15th is a weekend date) Payment will be made by BACS transfer into your bank account on the last working day of each month. Overtime will be paid from the 16th of previous month to the 15th of current month.

Please note :- this time sheet should only be submitted to the Payroll Office when there are any additions and/or reductions to the contracted payments for the individual concerned and should NOT be used if there are no adjustments required.

Employee Name
Employee Number
Cost Code to be charged if different from home code:
Rate of Pay if different from normal pay rates
Old string: Element 3 | New (blank) | Element 4 | New (blank) | Element 2 | Element 1
Old string:
New string: Project | Project Type | Budget Group | Funding Source | Budget Centre | Nominal Account
New string:

CODE KEY																Total Standard Hours	Total Overtime Time + Half	Total Overtime Double Time	
P = PRESENT S = SICK M = MATERNITY PP = PATERNITY	Week 1	Week 1 Overtime	Week 1 Overtime	Week 2	Week 2 Overtime	Week 2 Overtime	Week 3	Week 3 Overtime	Week 3 Overtime	Week 4	Week 4 Overtime	Week 4 Overtime	Week 5	Week 5 Overtime	Week 5 Overtime				
week ending date (sunday date)	Standard Time	Time + Half	Double time	Standard Time	Time + Half	Double time	Standard Time	Time + Half	Double time	Standard Time	Time + Half	Double time	Standard Time	Time + Half	Double time				
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			
Sunday																			
Total																			

Callout payment required	pensionable	non pensionable	pensionable	non pensionable	pensionable	non pensionable	pensionable	non pensionable	pensionable	non pensionable	pensionable	non pensionable	Total Callout	pensionable	non pensionable
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ANY other non contractual additional payments	Type/ Name of payment		Value of payment	Total additional payments	to be used if different from home code							no. of miles	mileage rate	total £ mileage claimed for period

Department Address

Employee Signature
Authorised by (please print name)
Authorised Signature