

STUDENT AND AUXILIARIES TIME SHEET

3700 Willingdon Avenue Burnaby, BC, Canada V5G 3H2

Employee/Student ID (required)	F	First Name				Las	Last Name																		
*Position Control No. (eg	A12B	34)	Posit your	ase lo tion Co job tit numb	ontrol le is tl	No. (I	PCN)	under	"Job	Sumn	nary".	Follov	_												
Month and Year (MMM/Y	Υ)																								
Dates	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Students & Auxiliaries																									

Total

Hours

31

27 | 28 | 29 | 30

26

For Payroll use only.

PLEASE COMPLETE IF THE PAY PERIOD HAS A STAT HOLIDAY (TO BE COMPLETED BY THE MANAGER)

Stat holiday date(s)	2. Regularly schedule	ed day of work?	☐ Yes, proceed	d to 3 □ No)
3. Number of hours regularly scheduled	4. Schedule in place	□ No			
Employee Signature		Date			
Approved Signature		Date			
The state of the s					
Print Name (Approver)		Date Emailed to Payroll			
The state of the s					

Please scan and email completed and approved time sheet to Aux_Student_Payroll@bcit.ca ONLY electronic form submissions will be accepted, no paper copies.

Overtime—to be paid

Meal Allowance Request

Shift Diff.

Sick absence*

 $^{^{\}star}$ Student and Auxiliary employees are eligible for up to five (5) shifts of paid sick leave.