



# STUDENT AND AUXILIARIES TIME SHEET

3700 Willingdon Avenue  
Burnaby, BC, Canada V5G 3H2

For Payroll use only.

|                         |      |            |         |         |           |  |  |
|-------------------------|------|------------|---------|---------|-----------|--|--|
| Banner ID (required)    |      | First Name |         |         | Last Name |  |  |
| Position No.            | Fund | Org        | Account | Program |           |  |  |
| Month and Year (MMM/YY) |      |            |         |         |           |  |  |

| 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 | 26 | 27 | 28 | 29 | 30 | 31 | Total Hours |  |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|--|
| Students & Auxiliaries |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |             |  |
| Overtime – to be paid  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |             |  |
| Meal Allowance Request |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |             |  |
| Shift Diff.            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |             |  |
| Sick absence*          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |             |  |

Please check the box if additional hours or overtime hours are due to **COVID-19**, please use org code 349144

\* Student and Auxiliary employees are eligible for up to five (5) shifts of paid sick leave.

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

|  |  |
|--|--|
| 1. Stat holiday date(s)                | 2. Regularly scheduled day of work? <input type="checkbox"/> Yes, proceed to 3 <input type="checkbox"/> No |
| 3. Number of hours regularly scheduled | 4. Schedule in place for a minimum of one month? <input type="checkbox"/> Yes <input type="checkbox"/> No  |

|                    |                         |
|--------------------|-------------------------|
| Employee Signature | Date                    |
| Approved Signature | Date                    |
| Print Name         | Date Emailed to Payroll |

Please scan and email completed and approved time sheet to [Aux\\_Student\\_Payroll@bcit.ca](mailto:Aux_Student_Payroll@bcit.ca) ONLY electronic form submissions will be accepted, no paper copies.