



Part Time Employee Time Sheet

Name:

Month:

ID Number:

Department:

Position:

Date	From	Hours Worked To	Number of Hours	Extra Classes Details
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total Hours

Rate Per Hour

Total Amount

Employee Signature:

Date:

Head of Department Signature:

Date:

Deputy Vice Chancellor (A/A):

Date:

Head of HR Dept:

Date: