



Trent University

Employee # _____

Salaried Staff Overtime Time Sheet

Name of Staff: _____ Pay Rate _____
 Straight Time
 Department: _____ Time & One-half

Date	Nature of Work	Daily Times	Hours
Total Hours			

Account to be charged	Hours

Authorization: _____

Human Resources: _____

Please forward to the Department of Human Resources by the 10th of the month



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