

**FACULTY OF EDUCATION
CASUAL SALARY PAY SHEET**

Name: _____ Staff or Student # _____

Have you been paid by Queen's before? No ↑ Yes ↑ Department _____

If NO, provide the following information: SIN # _____ Birthdate _____

T4 Address:

Day	Month & Date	# of Hrs.
Sun		
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Weekly Total		

Day	Month & Date	# of Hrs.
Sun		
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Weekly Total		

Day	Month & Date	# of Hrs.
Sun		
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Weekly Total		

Day	Month & Date	# of Hrs.
Sun		
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Weekly Total		

RATE OF PAY: _____

PLUS 4% VACATION PAY: YES ↑ NO ↑

Account Code: _____

Nature of Work: _____

Employee Signature:

Supervisor Signature