



FORM FOR PAYMENT OF SALARY - PROFESSIONAL STAFF

This form can be completed online prior to printing. If you fill in the form by hand please **PRINT CLEARLY IN BLOCK LETTERS**. **TIMESHEETS MUST BE SUBMITTED BY 11.00 AM MONDAY OF THE PAY WEEK**. PLEASE ENSURE ALL BOXES ARE FILLED IN BECAUSE IF THE FORM IS INCOMPLETE IT WILL BE RETURNED TO YOU.

Staff Number _____ Job Number _____

Name _____ Organisational Unit _____

HEW Level _____ Step _____ Cost Collector _____ Details Code _____

Date	Start Time eg 9.00am	Finish Time eg 5.00pm	Deduct Meal Break eg 1 hour	Total Hours eg 7.00

STAFF MEMBER - I certify that the hours shown have been worked.

HEAD OF ORGANISATIONAL UNIT - I certify that the details provided are correct.

Signature:
Date:/...../.....

Name (Please Print):

Signature: Date:/...../.....

DUmFUmYg for Higher Education Workers are available from [here](#).

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Please forward approved forms to payrollservices@newcastle.edu.au for processing