



**Human Resource Services - Payroll**  
 1265 Military Trail, Room BV526C/D  
 Toronto, Ontario, M1C 1A4  
[payroll.utsc@utoronto.ca](mailto:payroll.utsc@utoronto.ca)

This form should be submitted to Human Resource Services in accordance with the **Monthly Payroll Schedule** on reverse.

- **Forward completed forms & all attachments to [payroll.utsc@utoronto.ca](mailto:payroll.utsc@utoronto.ca)**
- Incomplete forms/incorrect information will delay processing.
- **Other Employment at the University of Toronto**

Do you currently work in another department/area at the University?  
 Yes (if yes, please complete the reverse)       No

**TIME SHEET – MONTHLY PAYMENT (BLUE)**

Mr.       Ms.       Mrs.       Miss.       Dr.       Prof.       Misc.       Mx.

Personnel No.	First Name	Known As (Optional)	Last Name	Student No.
Street No. and Name	<b>New</b> <input type="checkbox"/>	Apt No.	City/Town	Province
Telephone No.	<b>New</b> <input type="checkbox"/>	Email Address	Date of Birth (DD/MM/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X

**Please complete all of the above if you are a new employee. Returning employees are to complete only name and personnel number.**

Date (D/M/Y)	Time In (AM)	Time Out (AM)	Time In (PM)	Time Out (PM)	Daily Time	
					Hours	Minutes
<b>Week 1</b>						
Sun.						
Mon.						
Tue.						
Wed.						
Thu.						
Fri.						
Sat.						
<b>Week 2</b>						
Sun.						
Mon.						
Tue.						
Wed.						
Thu.						
Fri.						
Sat.						
<b>Week 3</b>						
Sun.						
Mon.						
Tue.						
Wed.						
Thu.						
Fri.						
Sat.						

Date (D/M/Y)	Time In (AM)	Time Out (AM)	Time In (PM)	Time Out (PM)	Daily Time	
					Hours	Minutes
<b>Week 4</b>						
Sun.						
Mon.						
Tue.						
Wed.						
Thu.						
Fri.						
Sat.						
<b>Week 5</b>						
Sun.						
Mon.						
Tue.						
Wed.						
Thu.						
Fri.						
Sat.						
<b>TOTAL MONTHLY HOURS</b>						

(Please round Daily Time and Total Hours to nearest 15 minutes)

Hourly Rate	(*4% vacation pay will be added)	Pay Period #
CC	CF	Order No.      Fund No.
Supervisor's Name		Telephone No.
Supervisor's Signature		Discipline/Department
Brief Description of Work Performed		Date

**For Statutory Holiday pay details:**

<https://www.utsc.utoronto.ca/hr/holiday-schedule-calculation>



UNIVERSITY OF  
**TORONTO**  
SCARBOROUGH

**2024 MONTHLY PAYROLL SCHEDULE  
SUBMISSION DEADLINES TO HUMAN RESOURCE SERVICES**

PAY PERIOD #	PAY PERIOD		DEADLINE FOR FORMS TO BE SUBMITTED TO HUMAN RESOURCE SERVICES	PAY DATE
	START DATE	END DATE		
<b>M01</b>	01.01.2024	31.01.2024	<b>12.01.2024</b>	26.01.2024
<b>M02</b>	01.02.2024	29.02.2024	<b>14.02.2024</b>	28.02.2024
<b>M03</b>	01.03.2024	31.03.2024	<b>14.03.2024</b>	28.03.2024
<b>M04</b>	01.04.2024	30.04.2024	<b>12.04.2024</b>	26.04.2024
<b>M05</b>	01.05.2024	31.05.2024	<b>14.05.2024</b>	28.05.2024
<b>M06</b>	01.06.2024	30.06.2024	<b>13.06.2024</b>	28.06.2024
<b>M07</b>	01.07.2024	31.07.2024	<b>11.07.2024</b>	26.07.2024
<b>M08</b>	01.08.2024	31.08.2024	<b>14.08.2024</b>	28.08.2024
<b>M09</b>	01.09.2024	30.09.2024	<b>13.09.2024</b>	27.09.2024
<b>M10</b>	01.10.2024	31.10.2024	<b>15.10.2024</b>	28.10.2024
<b>M11</b>	01.11.2024	30.11.2024	<b>13.11.2024</b>	28.11.2024
<b>M12</b>	01.12.2024	31.12.2024	<b>06.12.2024</b>	20.12.2024

<b>2025/M01</b>	01.01.2025	31.01.2025	<b>13.01.2025</b>	27.01.2025
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**Other Employment at the University of Toronto**

Department 2	Supervisor's Name	Supervisor's Telephone No.	Pay Period #
Brief Description of Work Performed		Hourly Rate	Expected/Actual Hours

**Authority/Approvals:** I agree that the above information is an accurate reflection of hours worked during the stated period. In the event that I obtain and concurrently work in another position at the University in the future, I will advise all departments of my employment in the other department(s). If my total combined hours of work may possibly exceed full-time hours as stated in the terms and/or collective agreement governing my employment or 44 hours per week as per the Employment Standards Act of Ontario, whichever comes first, I will be entitled to overtime in accordance with the terms and conditions of my employment. I understand that overtime must be approved in advance by my immediate supervisor(s) or authorized designate, and will be determined in accordance with the terms and conditions of my employment.

Employee's name	Employee's Signature	Date