



THE UNIVERSITY OF QUEENSLAND

Record of Attendance - Standard Hours

Fortnight Name: _____		(Begin Saturday Non-Pay Week)													
Staff No: _____		TOIL Balance Carry Forward _____													
Org Unit: _____		Work Scheme (Standard, 9day Ftn) _____													
		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Work Pattern															
Work AM	Start														
	End														
	Start														
	End														
	Total														
Work PM	Start														
	End														
	Start														
	End														
	Total														
Work Day Total															
Leave & other time taken	Recreation														
	Sick														
	Carers														
	Public Holiday														
	Other Leave														
TOIL															
Leave & Other Total															
Total Time for Day															
Rostered Day Off (Yes/No)															

Signed by staff member as a correct record of attendance. Date: _____
 Application/s for Leave and overtime claims have been made.

Signed by supervisor as correct. Leave and other time taken has been approved. Date: _____

Fortnightly Timesheet Summary

Total Hours worked:	<input style="width: 100%;" type="text"/>	Leave: Recreation	<input style="width: 100%;" type="text"/>
Leave & Other Time:	<input style="width: 100%;" type="text"/>	Sick	<input style="width: 100%;" type="text"/>
Total Hours:	<input style="width: 100%;" type="text"/>	Carers	<input style="width: 100%;" type="text"/>
Work Plan:	<input style="width: 100%;" type="text"/>	TOIL	<input style="width: 100%;" type="text"/>
		Other	<input style="width: 100%;" type="text"/>



THE UNIVERSITY
OF QUEENSLAND

Record of Attendance - Overtime

Fortnight (Begin Saturday Non-Pay Week)

Name:

Staff No:

Org Unit:

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Work Pattern													

Overtime Worked	Start													
	End													
	Start													
	End													
	Total													

Claimed as paid OT														
Balance to TOIL														

Convert Balance to TOIL (standard hours)

Hours/ OT 1.5														
Minutes OT 2														
Rate OT 2.5														
Toil entitlement (Hrs)														

Signed by staff member as a correct record of attendance.
Application for overtime claims have been made.

Date:

Signed by supervisor as correct. Overtime taken has been approved.

Date:

Fortnightly Overtime Summary (Hours)

TOIL balance carry-over:

Total TOIL accrued:

Total TOIL taken:

This fortnight's carry-forward:

OT Claim lodged: