



Regular/Salaried Employees TIMESHEET

For Payroll use only.

Banner ID (required)		Last Name		First Name	
Position No.	Fund	Org	Account	Program	
Month and Year (MMM/YY)					

Dates	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
Salaried Employees Additional Hours																																
Overtime – to be paid																																
Meal Allowance Request																																
Shift Diff.																																
Overtime – to be banked																																

Instructions: Please circle date if OT worked on a Day of Rest
Enter actual hours OT worked, do not convert hours

Employee Signature	Date
Approved Signature	Date
Print Name Approver	Emailed to Payroll on this date

Please scan and email completed and approved timesheet to Regular_Payroll@bcit.ca
ONLY electronic form submissions will be accepted, no paper copies