CASUAL WORKERS' WORKSHEET

F-2-70-2-1

FACULTY/SCHOOL/INSTITUTE/DEPARTMENT/SECTION

MONTH:..... **YEAR:**.....

NAME(S)	DAYS																													
	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

NAME SIGNATURE DATE

SUPERVISOR: ……..

SECTION HEAD: ……

DIRECTOR/CHAIRMAN: ……

HUMAN RESOURCE OFFICE……..

NOTE:

1. If a Casual has worked for the whole day put a tick(√)
2. If a Casual has not worked for a day put a cross (x)
3. If a casual works on holidays and weekends attach supporting documents.