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| **NAME:** | | | | | | | | | | | | | | | HR Team  Room 02-46-03  Level 2, Children’s Hospital  John Radcliffe Hospital site  Oxford OX3 9DU  [www.paediatrics.ox.ac.uk](http://www.paediatrics.ox.ac.uk) | | | | | | | | | | | | |
| I am a student holding a Tier 4 visa  I have a part-time role claiming extra hours  I am claiming overtime (salary grades 1-5)  I have a variable hour contract  I am claiming KIT (keep in touch) days | | | | | | | | | | | | | | |
| Please remember to send the completed timesheet (incl. project code and your line manager’s signature) to [**hr@paediatrics.ox.ac.uk**](mailto:hr@paediatrics.ox.ac.uk)by the **1st of each month.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jan |  | | Feb |  | Mar |  | | Apr |  | May |  | Jun | |  | Jul |  | Aug |  | Sep |  | Oct |  | Nov | |  | Dec |  | |
| Date | | Cost Centre e.g. *HN0000* | | | | | Project and Task Code  e.g. *HNR12345.HN00.01* | | | | | | Specific Work | | | | | | | | | | | Hours | | | |
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Claimant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: - ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_