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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) | | | | | | | | | | | | |
| *Only use this timesheet when you are a* ***casual worker*** *for the department. Please inquire about a different template with the HR Team if you have moved roles e.g. to a variable hour contract.* | | | | | | | | | | | | | | |
| I am a student holding a Tier 4 visa | | | | | | | | | | | | | | |
| 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 | | | | | Project Code | | | | Specific Work | | | | | | | | | | | | | Hours | | | |
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|  | |  | | | | |  | | | | Total Hours | | | | | | | | | | | | |  | | | |

Claimant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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