|  |  |
| --- | --- |
| **NAME:** | HR TeamRoom 02-46-03Level 2, Children’s HospitalJohn Radcliffe Hospital siteOxford 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**by the **1st of each month.** |
|  |
| Jan |  | Feb |  | Mar |  | Apr |  | May |  | Jun |  | Jul |  | Aug |  | Sep |  | Oct |  | Nov |  | Dec |  |
| Date | Cost Centre | Project Code  | Specific Work | Hours |
| 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 |  |

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

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