

Staff Part-Time Attendance Sheet

College/Department:.....Month:.....Year:.....

Employee Name:.....

Job Title:.....

Employee Number:.....

Bank Name:.....

Tel:.....

Account Number:.....

Day	Date	Hours		Total Hours	Signature
		From	To		
Total Hours					

•Please attach a copy of the employee's Identity Card

The sheet has been reviewed by: Head of Section:.....	Date:.....
Dean / Director:.....	Date:.....
Human Resource Director:.....	Date:.....