## **School of Chemistry & Chemical Engineering**

## **Time Sheet – Non Staff Payments**

NAME:			
STUDENT NUMBER:(IF APPL			PPLICABLE)
EMAIL ADDR	ESS:		
CONTACT TE	ELEPHONE NUMB	ER	(This information is required in case we need to contact you with a query about your time sheet)
Date	Number of hours worked	Module Number	Work undertaken (e.g. laboratory demonstrating, lecturing, tutorial, etc)
Signed:			
Date:			
Counter-signed (module co-ordinator or head of teaching):			Date:
Monthly sum	mary (to be comp	leted by School Offi	ce)
Total number	of hours worked:		
Hourly rate of	pay: £		
Total payment	:: £		