



# Timesheet Statutory Declaration

This form is to be completed if the time period elapsed following Casual paid work exceeds 6 months or the supervisor is no longer employed at the time of timesheet submission.

I,  [name], of  [address]

make the following declaration under the *OATHS ACT 1900*:

I declare that I worked the following date(s) and times. I understand that any person who wilfully and corruptly makes **false declaration for material benefit**, that is “knowing the same to be untrue in any material particular, and who derives or attempts to derive a material benefit as a consequence of the untrue particular” is guilty of an offence and is liable on conviction on indictment to imprisonment for a term not exceeding 7 years (Oaths Act 1900 NSW S25A).

Employee Number  Job Number

Faculty/Division  School/Unit

Work Date	Day	Pay Rate^	Start Time	Finish Time	Break(s) in hours	Total Hours Claimed	Activity

\*Additional pages may be added provided they are witnessed by the same authorised witness as this form  
 ^Relevant Casual Pay Rates can be found on the [UOW Intranet](#) or [Awards and Agreements](#) - .e.g Rate 1, Rate 2 for Professional Casuals or D2, A2 for Academic Casuals.

Reason timesheet was not claimed at time of working per casual agreement:

I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at  [location] On Date  [date]

Signature of person making the declaration

in the presence of an authorised witness, who states:

I,  [name of authorised witness], a  [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:  
 I saw the face of the person ; OR  I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification<sup>1</sup> for not removing the covering

AND



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<input type="checkbox"/> I have known the person for at least 12 months;	; OR	<input type="checkbox"/> I have confirmed the person's identity using an identification document and the document I relied on was:
<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (please specify) _____
Document Number	_____	
Signature of witness	_____	Date _____

**OFFICE USE ONLY**

**Faculty/Division Approval per financial delegations**

Name	_____	Position	_____
Signature	_____	Date	_____

**HR Services Delivery Supervisor Approval:**

Name	_____	Position	_____
Signature	_____	Date	_____

**Payroll Services Officer Action**

Date Processed	_____	Date to be Paid	_____
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