

CASUAL OFFICE CLERICAL TIMESHEET

One Week Pay Period: From _____ (Sunday) To: _____ (Saturday)

Full Name: _____

Authorized School Signature / Date

Employee Signature

RECORD IN 5 MINUTE INCREMENTS (ie 8:35am, 12:50pm)

Day	Date	Start Time	End Time	Daily Hours	Regular Employee Replaced	Reason for Absence	Position
Mon							
Tue							
Wed							
Thu							
Fri							
TOTAL HOURS							

Comments/Other GL instructions: _____

Regardless of position, the following MUST be completed or timesheet will be returned.

ARE YOU A CERTIFIED TEACHER? **NO** **YES**

IF **YES**, MY ONTARIO COLLEGE OF TEACHER'S # IS: _____

***Please note Long Term Casual Clerical DO NOT get paid for Stat Holidays.**

THIS SECTION IS BOARD OFFICE USE ONLY!

Receptionist

Budget Code _____

General Duties/ File Clerk

Budget Code _____

Other

Budget Code _____