

CASUAL CARETAKER TIMESHEET

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

Full Name: _____ ID # _____

Location: _____

 Head Caretaker Signature / Date

 Employee Signature

RECORD IN 15 MINUTE INCREMENTS (ie 8:45am, 12:15pm)

Day	Date	Start Time	End Time	Daily Hours	Reason for Absence	Regular Employee Replaced	OFFICE USE ONLY SP
Mon							
Tue							
Wed							
Thu							
Fri							
Total Hours							

Comments/ GL instructions: _____

This section MUST be completed for all occupation types or the timesheet will be returned.

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

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

 Approved by Area Supervisor

THIS SECTION IS BOARD OFFICE USE ONLY

	Hours		Shift Premium Hours
Replacement _____	0886-40-000-115-____	429	_____
Vacancy _____	0886-40-000-110-____	429	_____
Other _____	0886-40-000-111-____	429	_____