

**SCHOOL DISTRICT No. 85 (Vancouver Island North)**

**MAINTENANCE CUPE TIMESHEET**

School/Dept. \_\_\_\_\_ Employee No. \_\_\_\_\_

Name: \_\_\_\_\_

Pay Period Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

PP#	HOURS WORKED						HOURS ABSENT			Give reason for overtime. Describe other hours.
	REGULAR HOURS			OVERTIME HOURS			SICK LEAVE	VAC'N LEAVE	OTHER HOURS	
DATE	IN	OUT	TOTAL	IN	OUT	TOTAL				
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
TOTAL										

500

430

440

**REPLACED BY TEMPORARY EMPLOYEE**

NAME	DATE

**This Section for Payroll use ONLY**

**PP#**

G.L. Codes	Pay Type	Hours	Rate

Supervisor's approval

Employee's signature

**please TOTAL your hours**