

TEMPORARY EMPLOYEE TIMESHEET

School/Dept. Location of Work Employee No. Your employee #

Pay Period Ending Date: Oct. 4/08 Name: Your name
(example) Position: Sew 2 (example)

DATE	HOURS WORKED						OTHER HOURS	For each day worked, please provide name of employee replaced, reason for extra hours or o/time.
	REGULAR HOURS			OVERTIME HOURS				
	IN	OUT	TOTAL	IN	OUT	TOTAL		
S 21								
M 22								
T 23								
W 24								
T 25	9	3	5					Jane Doe
F 26								
S 27								
S 28								
M 29								
T 30	9	3	5					Jane Doe.
W 1								
T 2								
F 3								
S 4								Complete 1 timesheet for each position.
TOTAL			10					

NEW EMPLOYEE, PLEASE PRINT IN FULL

Name John Smith
 Box # 123
 Place Port Hardy, BC
 Postal Code VON 2P0
 S.I.N. 123 456 789
 Birthdate 01-01-1960
 Phone No. (250) 949-9999

This Section For Payroll use Only

G.L. Codes	Pay type	Hours	Rate

X _____ X
 Supervisor's approval Employee's signature

* New employees must complete Direct Deposit and Temporary Employee Forms available on SD85 website.