

SCHOOL DISTRICT No. 85 (Vancouver Island North)

TEMPORARY EMPLOYEE TIMESHEET

School/Dept: _____ Employee No.: _____

Pay Period Ending Date: _____ Name: _____

Position: _____

PP#	HOURS WORKED								For each day worked, please provide name of employee replaced and reason for extra hours or overtime.
	REGULAR HOURS			OVERTIME HOURS			OTHER HOURS	LIF	
DATE	IN	OUT	TOTAL	IN	OUT	TOTAL			
S									
M									
T									
W									
T									
F									
S									
S									
M									
T									
W									
T									
F									
S									
TOTAL									

NEW EMPLOYEE, PLEASE PRINT IN FULL

NAME: _____
 BOX #: _____
 CITY: _____
 POSTAL CODE: _____
 S.I.N.: _____
 BIRTH DATE: _____
 PHONE #: _____

This Section for Payroll use Only PP #

G.L. Codes	Pay Type	Hours	Rate

Supervisor's Approval

Employee's Signature

**Please TOTAL your hours