Limestone DISTRICT SCHOOL BOARD

SECONDARY OCCASIONAL TEACHER TIMESHEET

FORM MUST BE DOWNLOADED

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

Full Name: _____ ID # _____

Location: _____

_____ Authorized School Signature / Date

_____ Employee Signature

RECORD IN DAYS or PART THERE OF ONLY (ie 1.0, .25, .67) NOT HOURS!

Day	Date	Start Time	End Time	FTE or % of Day	Reason for Absence	Regular Teacher Replaced
Mon						
Tue						
Wed						
Thu						
Fri						
			Total Days To Be Paid			

Comments/Other 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: _____

***Please note Long Term Occasional Teachers DO NOT get paid for Stat Holidays.**

THIS SECTION IS PAYROLL USE ONLY

			Pay Type	Rate
Regular OT	**0299-10-000-183-4**	**200**	_____	_____
Long Term OT (Double Pay)	**0299-10-000-184-4**	**200**	_____	_____
Long Term OT (Single Pay)	**0299-10-000-170-4**	**200**	_____	_____
Other	_____		_____	_____

Pay Date: _____