



CASUAL EARLY CHILDHOOD EDUCATOR (ECE) TIMESHEET

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

Full Name: _____ ID # _____

Location: _____

Authorized School Signature / Date

Employee Signature

RECORD IN 5 MINUTE INCREMENTS (ie 8:35am, 12:50pm)

Day	Date	Start Time	End Time	Daily Hours	Reason for Absence	Regular Employee Replaced
Mon						
Tue						
Wed						
Thu						
Fri						

Total Hours To Be Paid

RECE Number: _____

Comments/ GL instructions/ PD? If Yes, organized by: _____

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: _____

THIS SECTION IS BOARD OFFICE USE ONLY

Pay Type

Rate

ECE Replacement **0100-10-000-189-1 100**

ECE Vacancy **0100-10-000-194-1 100**

Other

Pay Date: _____