CASUAL CUPE CLERICAL TIMESHEET

FORM MUST BE DOWNLOADED

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	Regular Employee Replaced	Reason for Absence	Position
Mon							
Tue							
Wed							
Thu							
Fri							
			TOTAL HOURS				

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: _____

THIS SECTION IS PAYROLL USE ONLY

☐	Elementary Office Co-Ordinator - Replacement	0100-15-000-115-1	100
☐	Elementary Office Co-Ordinator - Vacancy	0100-15-000-112-1	100
☐	Assistant Elementary Office Co-Ordinator - Replacement	0100-15-000-115-1	100
☐	Assistant Elementary Office Co-Ordinator - Vacancy	0100-15-000-112-1	100
☐	Secondary Senior Clerk - Replacement	0299-15-000-115-4	200
☐	Secondary Senior Clerk - Vacancy	0299-15-000-112-4	200
☐	Secondary JR Clerk - Replacement	0299-15-000-115-4	200
☐	Secondary JR Clerk - Vacancy	0299-15-000-112-4	200
☐	Other: _____	_____	

Pay Date: _____