

CASUAL GENERAL FORM WEEKLY TIMESHEET

	One Wee	k Pay Period	: From	(Sunda	y) To:(Saturday)			
	Full Name:				ID #			
	Location:_							
-	Authorized School Signature / Date)ate		Employ	ee Signature	
		RE	CORD IN 5 I	MINUTE IN	CREMENTS (ie 8:35am	, 12:50pm)		
)ay	Date	Start Time	End Time	Daily Hours	Regular Employee Replaced	Reason for Absence	Position	
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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 BOARD OFFICE USE ONLY							
	Rate Budg				et Code			
	Vacation			In Lieu of Stat Holidays		In Lieu	In Lieu of Benefits	

Revised September 2025 Pay Date: _____