

CASUAL CARETAKER TIMESHEET

One we	се к гау г	enou. From	(Sur	nday)	To:	(Saturday)	
Full Name:				ID #			
Location	n:						
Head Caretaker Signature / Date					Employee Signature		
		RECOR	D IN 15 MI	NUTE INC	REMENTS (ie 8:45ar	m, 12:15pm)	
Day	Date	Start Time	End Time	Daily Hours	Reason for Absence	Regular Employee Replaced	OFFICE ONLY SF
Mon							
Tue							
Wed							
Thu							
Fri							
Total Hours							
Commer	nts/ GL inst	ructions:					
					n types or the timeshe		
ARE YO	OU A CER	TIFIED TEAC	CHER? NO	YES	;		
F YES ,	MY ONT	ARIO COLLE	GE OF TEA	CHER'S # I	S:		
						approved by Area Super	/isor
		THIS	S SECTIO	N IS BOA	RD OFFICE USE O	··	
	Н	ours				Shift Premium Ho	ours
placement 088			0886	6-40-000-115 429			
cancy			0006	40.000.440			
carrey			0000-	-40-000-110	429		

Revised September 2025 Pay Date: _____