



LIMESTONE DISTRICT SCHOOL BOARD



LIMESTONE COMMUNITY EDUCATION
FORM MUST BE DOWNLOADED

One week pay period: From _____ To _____
(Sunday) (Saturday)

Full Name: _____ ID # _____

Location: _____

Approved: Manager / Principal

Employee Signature

Day	Date	Start Time	End Time	Hours	Employee Replaced/Subject/Course
Mon					
Tues					
Wed					
Thurs					
Fri					
TOTAL HOURS				0.00	

Reason for Absence: ☐ Vacancy ☐ Illness ☐ LOA/Maternity ☐ Other

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: _____

Comments/Other GL Instructions: _____

BELOW THIS LINE IS PAYROLL USE ONLY

Rate _____

PAY DATE: _____

Rate _____