

CASUAL EDUCATIONAL ASSISTANT (EA) TIMESHEET

One W	eek Pay Pe	eriod: From	(Sunday)		To: (Saturday)			
Full Nan	ne:				ID #			
Location	า:							
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								
Comments/ GL instructions/ PD? If Yes, orginized 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 SEC	CTION IS E	BOARD O	FFICE USE ONL	Y Pay Type	Rate	
EA Replacement			0303-1	0-303-190	682			
EA Vacancy			0303-	10-303-19 ²	1 682			
Section 23		0350-10-306-190						
Other								