PERMANENT CARETAKER TIMESHEET

First Name	Last Name	Location	Current Permanent Position	Hours

EMPLOYEE ID	EMPLOYEE SIGNATURE	CERTIFIED by Head Caretaker/Supervisor	APPROVED by Area Supervisor

ONE WEEK PERIOD ONLY	FROM: (Sunday)		TO: (Saturday)	

OVERTIME, EXTRA AND SHIFT PREMIUM

Dates	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total	Reason for Overtime/Extra Hours
Time In									
Time Out									
Extra Hours									
Overtime									
Shift Premium									
Daily total									

ACTING RATES

Head Caretaker	☐	
Shift Lead Hand	☐	
Location	Twin	Yes ☐ No ☐
Dates		

OVERTIME	PAY	HRS	SAVE	HRS
	☐		☐	

Please indicate if you wish to PAY or SAVE your overtime

Payroll Use Only			*Payroll Use Only*	*Payroll Use Only*
Extra Hours	501			**Rate Adjustment**
Overtime (1.5X)	150			
Overtime (2X)	200			
Lieu time (Save)	101			
Shift Premium	590			
Acting Rate	583			

Revised September 2025

Please forward to you Area Supervisor by **NOON** on **Monday - cpay@limestone.on.ca**