CASUAL EDUCATIONAL ASSISTANT (EA) TIMESHEET

Emergency Short Term EA (STEA)

FORM MUST BE DOWNLOADED

One Week Pay Period: From _____ To: _____
(Sunday) (Saturday)

Full Name: _____ ID # _____

Location: _____

_____ _____
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: _____

*********_**FORWARD COMPLETED TIMESHEET TO DONNA ESCANO, EDUCATIONAL SERVICES**_***

THIS SECTION IS PAYROLL USE ONLY

		Pay Type	Rate
EA Replacement	**0349-10-301-190- ___ 680**	_____	_____
EA Vacancy	**0349-10-301-195- ___ 680**	_____	_____
School GL	_____	_____	_____
Other	_____	_____	_____

Pay Date: _____