Limestone DISTRICT SCHOOL BOARD

CASUAL CARETAKER TIMESHEET

FORM MUST BE DOWNLOADED

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

Full Name: _____ ID # _____

Location: _____

_____
Head Caretaker Signature / Date

_____
Employee Signature

RECORD IN 15 MINUTE INCREMENTS (ie 8:45am, 12:15pm)

Day	Date	Start Time	End Time	Daily Hours	Reason for Absence	Regular Employee Replaced	OFFICE USE ONLY SP
Mon							
Tue							
Wed							
Thu							
Fri							
			Total Hours				

Comments/ GL instructions: _____

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: _____

_____
Approved by Area Supervisor

THIS SECTION IS PAYROLL USE ONLY

	Hours		Shift Premium Hours
Replacement	_____	**0886-40-000-115-____ 429**	_____
Vacancy	_____	**0886-40-000-110-____ 429**	_____
Other	_____	**0886-40-000-111-____ 429**	_____

Pay Date: _____