CASUAL OFFICE CLERICAL TIMESHEET
BOARD OFFICE ONLY
FORM MUST BE DOWNLOADED

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

Full Name:_____

Education Centre / Board Office

_____ _____
Authorized School Signature / Date Employee Signature

RECORD IN 5 MINUTE INCREMENTS (ie 8:35am, 12:50pm)

Day	Date	Start Time	End Time	Daily Hours	Regular Employee Replaced	Reason for Absence	Position
Mon							
Tue							
Wed							
Thu							
Fri							
			TOTAL HOURS	0.00			

Comments/Other GL instructions: _____

Regardless of position, the following MUST be completed or timesheet will be returned.

ARE YOU A CERTIFIED TEACHER? **NO** ◯ **YES** ◯

IF **YES**, MY ONTARIO COLLEGE OF TEACHER'S # IS: _____

***Please note Long Term Casual Clerical DO NOT get paid for Stat Holidays.**

THIS SECTION IS PAYROLL USE ONLY!

☐ Receptionist Budget Code_____

☐ General Duties/ File Clerk Budget Code_____

☐ Other Budget Code_____

Pay Date: _____