Clear Form

Limestone DISTRICT SCHOOL BOARD

CASUAL YARD/ LUNCH SUPERVISOR TIMESHEET

FORM MUST BE DOWNLOADED

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

Full Name: _____ ID # _____

Location: _____

Authorized School Signature / Date

Employee Signature

RECORD IN 5 MINUTE INCREMENTS (ie 11:35am, 12:50pm)

Day	Date	Start Time (AM)	End Time (AM)	Start Time (PM)	End Time (PM)	Daily Total
Mon						
Tue						
Wed						
Thu						
Fri						
					TOTAL HOURS	

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: _____

Please indicate your 3 Digit School Location # in blank space of the Budget Code below

YARD/ LUNCH SUPERVISOR ◯ 0429-21-_____-121-____ 605

CHARGE TO SCHOOL ◯ 0000-21-_____-121-____ ____

BELOW THIS LINE IS PAYROLL OFFICE USE ONLY

Pay Date: _____