

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									OVERTIME	PAY	HRS	SAVE	HRS	
Head Caretaker	☐									☐		☐		
Shift Lead Hand	☐													
Location						Twin	Yes	☐	No	☐	Please indicate if you wish to PAY or SAVE your overtime			
Dates														
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											