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| **Logo** | **Time Sheet for Temporary Hourly Staff**  | AF400-K07/2017 |

|  |  |
| --- | --- |
| Employee Name:       | Employee #:       |
| Location:       | Month:       |
| ***Please check the position, if it is not listed check other and then state what position:***PUF [ ]  PIP [ ]  Resource [ ]  Clerical/Class Assist [ ]  Sec/Recep. [ ]  Lunchroom/Bus Sup. [ ]  Relief Caretaker [ ]  Other [ ]  |
| Position:       Vacant Position: Yes [ ]  No [ ]  |
| Replacing Employee:       |
| Reason for Absence:       |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Start Time | Finish Time | Time for Lunch | Total Hours(less lunch) |  | Date | Start Time | Finish Time | Time for Lunch | Total Hours (less lunch) |
| 1 |       |       |       |       |  | 16 |       |       |       |       |
| 2 |       |       |       |       |  | 17 |       |       |       |       |
| 3 |       |       |       |       |  | 18 |       |       |       |       |
| 4 |       |       |       |       |  | 19 |       |       |       |       |
| 5 |       |       |       |       |  | 20 |       |       |       |       |
| 6 |       |       |       |       |  | 21 |       |       |       |       |
| 7 |       |       |       |       |  | 22 |       |       |       |       |
| 8 |       |       |       |       |  | 23 |       |       |       |       |
| 9 |       |       |       |       |  | 24 |       |       |       |       |
| 10 |       |       |       |       |  | 25 |       |       |       |       |
| 11 |       |       |       |       |  | 26 |       |       |       |       |
| 12 |       |       |       |       |  | 27 |       |       |       |       |
| 13 |       |       |       |       |  | 28 |       |       |       |       |
| 14 |       |       |       |       |  | 29 |       |       |       |       |
| 15 |       |       |       |       |  | 30 |       |       |       |       |
|  |  | 31 |       |       |       |       |
| *Temporary Hourly Personnel will be paid on the next available pay period following receipt of this completed form in Payroll.* | **Total** |        |

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s/Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email to: timesheet@rockyview.ab.ca**

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| Budget Code: |

*Reference:* AP400 Staff Employment