



MEDICINE HAT SCHOOL DISTRICT No. 76

601 - 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

Casual Employee - Time Sheet

Month \_\_\_\_\_ Year \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

Details of Regular Schedule
must be filled out!

Time of Beginning Work: \_\_\_\_\_ Lunch Time (from - to) \_\_\_\_\_ Time of Ending Work \_\_\_\_\_

Table with 12 columns for dates and rows for Hours Worked, covering dates 16-25, 26-4, and 5-15.

Total Hours Worked: \_\_\_\_\_

Overtime Worked

No payment will be made for overtime worked unless it has first been authorized by the Board or Secretary Treasurer.

Table with 4 columns: Date, Hours, Reason (rentals etc.), Authorized by. Includes four rows for data entry.

This record must be completed, signed, and presented at the School Board Office on the last working day of each period. Bank deposits may be held until records are received.

This is to certify that I am entitled to remuneration under the terms of the salary agreement for the month of \_\_\_\_\_, \_\_\_\_\_.

Signature of Employee: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Approved for Payment



(District Office Use Only)