



MEDICINE HAT PUBLIC SCHOOL DIVISION

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

Custodial Staff - 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 (Date, 1-31) and 2 rows per week (Hours Worked, Date, Hours Worked).

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

Overtime/Extra Worked

No payment will be made for overtime/extra worked unless it has first been authorized by the Custodial Supervisor.

Table with 4 columns: Date, Hours, Reason, Authorized by.

Absence

All absences must be listed below. (example: sick, medical appointments, vacation, not stat. holidays)

Table with 3 columns: Date, To, Reason.

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

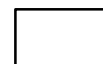
This is to certify that I am entitled to remuneration under the terms of the salary agreement for the month of \_\_\_\_\_, \_\_\_\_\_.

Approved for Payment

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

Signature of Head Custodian: \_\_\_\_\_

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



(District Office Use Only)