



MEDICINE HAT PUBLIC SCHOOL DIVISION

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

Head Custodial Staff - Time Sheet

Month _____ Year _____

Employee's Name: _____ School: _____

Details of Regular Schedule
must be filled out!

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

Table with columns for Date and Hours Worked, organized into three weekly blocks (days 1-10, 11-20, 21-31).

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 columns: Date, Hours, Reason, Authorized by

Absence

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

Table with 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.

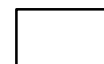
This is to certify that I am entitled to remuneration under the terms of the salary agreement for the month of _____, _____.

Signature of Head Custodian: _____

Signature of Principal: _____

Signature of Custodial Supervisor: _____

Approved for Payment



(District Office Use Only)