



MEDICINE HAT SCHOOL DISTRICT No. 76

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

Regular 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 _____

Date	1	2	3	4	5	6	7	8	9	10	
Hours Worked											
Date	11	12	13	14	15	16	17	18	19	20	
Hours Worked											
Date	21	22	23	24	25	26	27	28	29	30	31
Hours Worked											

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.

Date	Hours	Reason (rentals etc.)	Authorized by
_____	_____	_____	_____
_____	_____	_____	_____

Absence

I was absent from my job during the following period

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 Employee: _____

Approved for Payment



Signature of Supervisor: _____

(District Office Use Only)