

# CASUAL NON-UNION FORM

One Week Pay Period: From \_\_\_\_\_ To: \_\_\_\_\_  
(Sunday) (Saturday)

Full Name: \_\_\_\_\_ ID # \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Authorized School Signature / Date

\_\_\_\_\_  
Employee Signature

**RECORD IN 5 MINUTE INCREMENTS (ie 8:35am, 12:50pm)**

Day	Date	Start Time	End Time	Daily Hours	Regular Employee Replaced	Reason for Absence	Position
Mon							
Tue							
Wed							
Thu							
Fri							
<b>TOTAL HOURS</b>							

Comments/Other GL instructions: \_\_\_\_\_

**This section MUST be completed for all occupation types or the timesheet will be returned.**

ARE YOU A CERTIFIED TEACHER? **NO**      **YES**

IF **YES**, MY ONTARIO COLLEGE OF TEACHER'S # IS: \_\_\_\_\_

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**THIS SECTION IS BOARD OFFICE USE ONLY**

Rate \_\_\_\_\_

Budget Code \_\_\_\_\_

**Vacation**

**In Lieu of Stat Holidays**

**In Lieu of Benefits**