

CASUAL YARD/ LUNCH SUPERVISOR & PEDICULOSIS TIMESHEETOne Week Pay Period: From _____ To: _____
(Sunday) (Saturday)

Full Name: _____ ID # _____

Location: _____

Authorized School Signature / Date_____
Employee Signature**RECORD IN 5 MINUTE INCREMENTS (ie 11:35am, 12:50pm)**

Day	Date	Start Time (AM)	End Time (AM)	Start Time (PM)	End Time (PM)	Daily Total
Mon						
Tue						
Wed						
Thu						
Fri						
TOTAL HOURS						

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: _____**Please indicate your 3 Digit School Location # in blank space of the Budget Code below**

YARD/ LUNCH SUPERVISOR 0429-21-_____-121-1 605

PEDICULOSIS 0409-21-_____-136-1 460

BELOW THIS LINE IS BOARD OFFICE USE ONLY

Pay Date: _____