

## CASUAL LABOUR TIME SHEET

Student ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Immigration Status: \_\_\_\_\_  
 Social Insurance #: \_\_\_\_\_ Title:  Dr.  Mr.  Mrs.  Miss.

Year: \_\_\_\_\_ Month: \_\_\_\_\_

Instructions for completing  
this timesheet:

1) Complete this sheet only  
after the employee has worked  
(Under special circumstances,  
you may have to submit this sheet  
prior to the employee's last  
working day).

2) Submit this sheet to your  
coordinator or supervisor

3) Ensure **ALL** personal information  
has been filled out

Hourly Rate of Pay Approved by Dept:

\$ \_\_\_\_\_ /Hour

Speed Code:

\_\_\_\_\_

Division:

\_\_\_\_\_

	DATE	FROM	TO	HOURS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL HOURS: \_\_\_\_\_

\_\_\_\_\_  
*Coordinators Signature*

\_\_\_\_\_  
*Student/ Employee Signature*