

Pinecrest-Queensway Community Health Centre

PAYROLL - Hourly Paid Staff Time Sheet

Pay Period:

To

Current Date

Employee Name

Employee Position

Program Name

Budget Code

Program Code

WEEK 1	Date	Daily Total Hours (Do not include meal breaks)	Activities and Comments (Please include the duration and department)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Total Hours		

WEEK 2	Date	Daily Total Hours (Do not include meal breaks)	Activities/Comments (Please include the duration and department)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Total Hours		

Total Hours

Rate per hour

(must be correct to 3 decimal places)

Total Amount

Supervisor Signature

Employee Signature

Manager Signature

NOTE: To ensure payment, please ensure that all details are provided. Payment will be made by direct deposit only. The Employee, Supervisor and Manager signatures are all required on the time sheet and must be submitted by the established deadlines.