



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: Instructional Assistant School: _____

| | | | | | | | | | | | |
|--------------|----|----|----|----|----|----|----|----|----|----|----|
| 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

Regular Weekly Schedule

Please complete on the first timesheet submitted only or when changes occur as per new letter of assignment.

| Day | AM Start | AM End | Lunch Time | PM Start | PM End |
|---------------------------------|----------|--------|------------|----------|--------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Early Wednesday | | | | | |
| Early 3 rd Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Early Friday | | | | | |

Absence (*I was absent from my job during the following period*)

| Date | Hrs Absent | Reason | Sub Called In |
|------|------------|--------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*This record must be completed, signed, and presented at the School Board Office on the last working day of each month.
Bank deposits will 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)