

SCHOOL DISTRICT NO. 79 (COWICHAN VALLEY)
CUPE ITINERANT REGULAR TIME SHEET

Employee # _____

POSITION TITLE _____

Employee Name _____

Pay Period Ending _____

	Date	Regular Hours	Leave hours	Reason	School	Admin. Approval Signature
Mon						
Tues						
Wed						
Thur						
Fri						

Mon						
Tues						
Wed						
Thur						
Fri						

Employee Signature: _____

For Office Use only – Do not calculate hours

Stat: _____

Reg: _____

Sick: _____

Vac: _____

TOTAL: _____

Other : _____

Please note: This time sheet must be handed in by 4:30 p.m. Friday of end of the pay period.