SCHOOL DISTRICT # 45 (WEST VANCOUVER) WEEKLY TIMESHEET – SUPPORT STAFF

NAME:								
WEEK ENDED: POSITION: ENTER THE ACTUAL NUMBER OF HOURS WO				REPLACING:(EMPLOYEE NAME IF KNOWN)				
								ENIEK II
	DATE Month/Day	HOURS	JOB	PAY TYPE	Shaded Area RATE	A for Payroll Use C	ACCOUNT	
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
EMPLO'	YEE OR SUP	ERVISOR (COMME	ENTS:				
I Certify that the total hours worked by me are correctly recorded above				Аррі	Approved by Supervisor			
Employee's Signature				Super	Supervisor's Signature			