



CASUAL Call-Out TIMESHEET

_____ **Surname** _____ **Given** _____ **Pay Period**
 (see schedule)

Month and Day	Time IN	Time OUT	Total Hours	School Initials	Staff member being replaced and position	Supervisor's Initials
Total hours worked this pay period						

Please remember to enter the name of the person you are replacing. Timesheets must be in to the School Board Office by **NOON** Monday (unless otherwise noted) for payment Friday (see schedule on reverse).
 Casual staff will not be paid more than the person they are replacing so your pay may differ from your timesheet.

Please circle the days above that you drove to Boston Bar

 Signature

For office use:

Pay Code	Hours	Rate of Pay	Distribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
30 Travel	_____	\$72.60 (132 km round trip to Boston Bar only)	_____
_____	Union dues (based on \$1.00 per day)	_____	_____
_____	_____	_____	Pay Period _____