



Last Name

First Name

Pay Period  
(see schedule)

**Week 1**

	Dates worked	AM ✓	PM ✓	School	Who you are replacing	Principal or designate Initials
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

**Week 2**

	Dates worked	AM ✓	PM ✓	School	Who you are replacing	Principal or designate Initials
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total Days worked \_\_\_\_\_

Please deduct \_\_\_\_\_ in extra income tax.

If you did not car-pool, please list the dates you traveled to Boston Bar to collect mileage payment.

Employee Signature: \_\_\_\_\_

**Please submit your time sheet to the School District office  
 by noon Monday for payment on the following Friday.**

Email: [payrollclerk@sd78.bc.ca](mailto:payrollclerk@sd78.bc.ca) | Fax: 604-869-7400 | Phone: 604-869-2411