

# Timesheet Summary Form

Support Worker Name: \_\_\_\_\_ Payroll Number: \_\_\_\_\_ Pay Period

	Amount (Days)		Dates
<input type="checkbox"/> Sick Leave Taken	<input type="text"/>	From	_____ to _____
<input type="checkbox"/> Medical Certificate attached			
<input type="checkbox"/> Annual Leave Taken	<input type="text"/>	From	_____ to _____
<input type="checkbox"/> Lieu Days Taken	<input type="text"/>	From	_____ to _____
<input type="checkbox"/> Kilometre Log Form Attached			

## Timesheet Totals

Number of Hours Worked:

Number of Preprinted Timesheets attached:

Number of Manual Timesheets attached:

Support Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Office Staff Only

Amount of Hours Invoiced:

Processors Initials

Date of Processing: \_\_\_\_\_