

Fixed Hours Timesheet Summary Form

Support Worker Name: _____ Pay Period _____ Week of Pay Period 1 2
(Please circle one)

| | 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 Fixed Hours Worked: (Weekly amount)

Number of Preprinted Timesheets attached:

Number of Manual Timesheets attached:

Support Worker Signature: _____ Date: _____

Office Staff Only

Amount of Hours Invoiced:

Processors Initials

Date of Processing: _____

Amount of Fixed Hours Paid: