

Example Time Sheet

Please call 709 437 6007 for assistance

VERIFICATION OF HOURS WORKED

The following information must be completed by you on a bi-weekly basis prior to payment being issued.

Service Provided: (Please Circle One) Respite (HSS) Babysitting ABA PCA Other

Service Provided to: Your child / parent's name
(Name)

Period Covered: Dec 30 2014 - Jan 12 2015

Your 1st pay period can start on any day →

Day of the Week:	Tues	Wed	Thu	Fri	Sat	Sun	Mon	WEEKLY HOURS
Date	Dec 30	Dec 31	Jan 1	Jan 2	Jan 3	Jan 4	Jan 5	
# Hours								
Date	Jan 6	Jan 7	Jan 8	Jan 9	Jan 10	Jan 11	Jan 12	
# Hours								
TOTAL HOURS								

← Total of week 1

← Total of week 2

← Total of both weeks

The employee signs & prints & dates this side

_____ Employee Signature	_____ Parent / Family Care Provider Signature
_____ Employee Please Print Name	_____ Parent / Family Care Provider Please Print Name
_____ Date	_____ Date

This section to be completed by you, the employer. Sign, Print & Date

Comments / Special Instructions *(if any)*

Please submit your time sheet prior to 5PM on the Tuesday following the end of your pay period. Funds will be deposited into your account on Friday morning.

****The completion and signing of this form by both parties will confirm that the hours recorded are accurate and true.****

- New Year's Day
- Labour Day
- Good Friday
- Remembrance Day
- Canada Day
- Christmas Day

For Statutory Holidays →

Please only mark down hours if they worked on the holiday. We will calculate and include stat pay automatically