

Employee Timesheet

Week
From:
To:

Employee
Name:
Classification:

Day/ Date	Start Onsite ✓	JOB #1	Hours	JOB #2	Hours	JOB #3	Hours	JOB #4	Hours	JOB #5	Hours	JOB #6	Hours	Total	Office use only											
															Travel	Travel over 50k	NT	LEAVE	OT1.5	OT2.0	MA					
WED																										
THURS																										
FRI																										
SAT																										
* minimum for Sat/Sun overtime applies																										
SUN																										
MON																										
TUES																										
REIMBURSEMENT REQUEST				Date	Purchase from	For	\$																			
For all reimbursements receipts must be provided & given to payroll asap							\$																			
							\$																			
							\$																			
							\$																			
							\$																			
							\$																			
						Total	\$																			

Employee signature _____

Date _____

Authorised by: (supervisor) _____

Date _____