

PERMANENT CARETAKER TIMESHEET

First Name		Last Name				Location		Current Permanent Position		Hours		
EMPLOYEE ID	EMPLOYEE SIGNATURE			CERTIFIED by Head Caretaker/Supervisor				APPROVED by Area Supervisor				
ONE WEEK PERIOD ONLY		FROM: (Sunday)							TO: (Saturday)			
OVERTIME, EXTRA AND SHIFT PREMIUM												
Dates	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total	Reason for Overtime/Extra Hours			
Time In												
Time Out												
Extra Hours												
Overtime												
Shift Premium												
Daily total												
ACTING RATES								OVERTIME	PAY	HRS	SAVE	HRS
Head Caretaker												
Shift Lead Hand												
Location					Twin	Yes	No	Please indicate if you wish to PAY or SAVE your overtime				
Dates												
<i>Payroll Use Only</i>			<i>Payroll Use Only</i>					<i>Payroll Use Only</i>				
Extra Hours	501							Rate Adjustment				
Overtime (1.5X)	150											
Overtime (2X)	200											
Lieu time (Save)	101											
Shift Premium	590											
Acting Rate	583											

Please forward to you Area Supervisor by **NOON** on **Monday** - cpay@limestone.on.ca