|  |  |
| --- | --- |
| **Employee No.:** | **Name:** |
| **Address:** | **For Month of:** |
| **City:** | **Postal Code:** | **Phone:** |
|  | [ ] 🡸 Check here if address has changed |
| **DAY** | **SCHOOL** | **START TIME** | **FINISH TIME** | **HOURS WORKED** |
| **1** |       |       |       |       |
| **2** |       |       |       |       |
| **3** |       |       |       |       |
| **4** |       |       |       |       |
| **5** |       |       |       |       |
| **6** |       |       |       |       |
| **7** |       |       |       |       |
| **8** |       |       |       |       |
| **9** |       |       |       |       |
| **10** |       |       |       |       |
| **11** |       |       |       |       |
| **12** |       |       |       |       |
| **13** |       |       |       |       |
| **14** |       |       |       |       |
| **15** |       |       |       |       |
| **16** |       |       |       |       |
| **17** |       |       |       |       |
| **18** |       |       |       |       |
| **19** |       |       |       |       |
| **20** |       |       |       |       |
| **21** |       |       |       |       |
| **22** |       |       |       |       |
| **23** |       |       |       |       |
| **24** |       |       |       |       |
| **25** |       |       |       |       |
| **26** |       |       |       |       |
| **27** |       |       |       |       |
| **28** |       |       |       |       |
| **29** |       |       |       |       |
| **30** |       |       |       |       |
| **31** |       |       |       |       |
| **TOTAL HOURS** |       |

Time sheets mustbe submitted to Payroll **by the 4th of each month** for **payment to be made on the 10th of each month.** If there is a Statutory Holiday between the 4th and 10th, submit earlier.

**Email to:** **timesheet@rockyview.ab.ca**

*Reference:* AP400 Staff Employment