BI-WEEKLY TIMESHEET

First Name _____ Last Name _____ M ___ F ___ SIN _____ Personnel Number _____

Student Number _____

NB: Change of address, rates, account #'s, etc. should be submitted on a Bi-Weekly Set-Up/Change of Information Form and marked AMENDMENT.

DATE (i.e. June 1)	MORNING		AFTERNOON		EVENING		TOTAL HOURS	
	Start	Finish	Start	Finish	Start	Finish		
Sun:								
Mon:								
Tues:								
Wed:								
Thurs								
Fri:								Wk. 1 Total
Sat:								
Sun:								
Mon:								
Tues:								
Wed:								
Thurs:								
Fri:								Wk. 2 Total
Sat:								

$_____
Hourly Rate

CC:_____ CF:_____
Account Number

_____
Date