

EMPLOYEE #: _____

NAME: _____

LOCATION: _____

REVISIONS ONLY **REGULAR EMPLOYEE** **CUPE 947 TIMESHEET**

PAY PERIOD ENDING: _____

(month/day/year)

DATE		Use a separate column for hours worked for each G/L code and hourly rate												Use columns A,B,C,D to show allocation of hours if necessary Total for all columns will be added												
		A			B			C			D			SICK LEAVE				VACATION				Other *Select pay code below				Unpaid Leave
	Date	REG	1.5	2.0	REG	1.5	2.0	REG	1.5	2.0	REG	1.5	2.0	A	B	C	D	A	B	C	D	A	B	C	D	
SUN																										
MON																										
TUE																										
WED																										
THU																										
FRI																										
SAT																										
SUN																										
MON																										
TUE																										
WED																										
THU																										
FRI																										
SAT																										
Pay Period Totals:																										
Pay Codes:		20	22	23	20	22	23	20	22	23	20	22	23	70				72								
		A			B			C			D			A	B	C	D	A	B	C	D	A	B	C	D	
RATE																										
G/L CODE																										

TOTAL HRS:

Employee Name & Reason Replacing

* EMPLOYEE SIGNATURE: _____

* SUPERVISOR AUTHORIZATION: _____

*MUST BE ORIGINAL SIGNATURES

*** PAID LEAVE CODES**

31 Crossing Guard
 43 Union Paid Sick Leave
 50 Statutory Holiday
 51 Education Leave Paid
 61 Bereavement
 64 Spring Break Earned
 69 Emergency Leave
 73 Long Service Vacation
 74 Union Business-Brd Paid
 75 Union Business-Union Pd

*** UNPAID LEAVE CODES**

52 Education Leave Unpaid
 71 Sick Leave Unpaid
 80 Personal Leave Unpaid

*** BANKED TIME CODES**

24 OT 1.5 Banked
 25 OT 2.0 Banked
 26 Time Banked 1.0

