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SOCIAL INS. NO. MUST BE ENTERED TO PROCESS PAY CHEQUE

EMPLOYEE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

WEEK ENDING, SATURDAY: \_\_\_\_\_

DAY DATE	IN	OUT	TOTAL HOURS	SUBTRACT LUNCH TIME	HOURS WORKED
SUN:					
MON:					
TUE:					
WED:					
THU:					
FRI:					
SAT:					

REG HOURS + OVERTIME = TOT. HOURS

+  =

INIT OVERTIME PAID AT TIME AND A HALF WITH SUPERVISORS INITIALS

AUTHORIZED SIGNATURE \_\_\_\_\_ TEL \_\_\_\_\_

PRINT AUTHORIZED NAME \_\_\_\_\_

**DROP OFF OR FAX YOUR COMPLETED TIMESHEET TO 416-743-1661**

NOTE: Have form signed and approved by supervisor every Friday or on completion of job.

OLA OFFICE USE:

PLACEMENT DIRECTOR \_\_\_\_\_ OLA LOCATION \_\_\_\_\_



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