

ELEMENTARY OCCASIONAL TEACHER TIMESHEET

Employee No. _____

Employee Name _____

School Number: _____

School Name: _____

SIMPLIFIED INSTRUCTIONS: (Refer to Timesheet User Guide under Forms on the Board website for detailed instructions.)

1. One time sheet per teacher, per school, per pay period. Pay period dates are the first to the fifteenth and the sixteenth to the last day of the month.
 2. Enter portion of the day worked for each teacher being replaced (e.g. 1.0 or 0.5)
 3. Completed time sheets are to be sent to the Supervisor or Designate for approval.
 4. The Supervisor or Designate shall electronically sign and submit the approved timesheet to Payroll at timecards@lkdsb.net.
- Timesheets need to be submitted in accordance with the timesheet schedule. Copies should be retained by the Approver for a minimum of 2 months.

Week Day	Date		Days Worked	LKARS Job No.	Absent Teacher's Name
	MM	DD			
Mon					
Tue					
Wed					
Thu					
Fri					
Mon					
Tue					
Wed					
Thu					
Fri					
Mon					
Tue					
Wed					
Thu					
Fri					
TOTAL DAYS:					

DAILY RATE (Payroll Use Only)	
TOTAL PAID (Payroll Use Only)	

COMMENTS:

Occasional Teacher Signature: _____

Date: _____

Signature of School Official: _____

Date: _____