



HOURLY SEMI-MONTHLY TIME SHEET (Revised 2017.07.20)

* NEW EMPLOYEES – ALL employee documents must be completed and approved prior to enrolment on Conference payroll.

EMPLOYEE NAME	POSITION TITLE	PLACE OF EMPLOYMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS, EMAIL, PHONE # *UPDATE*	CITY	PROV.	POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RECORD OF EMPLOYMENT REQUEST *Please select a reason for the request*

End of contract or season
 Illness or injury
 Maternity / parental leave
 Other _____

MONTH	YEAR	RATE/HR \$
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE	DAY OF THE WEEK WORKED	HOURS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

For Office Use Only

<input type="text"/>	TOTAL HOURS	<input type="text"/>
Employee's Signature	PR CODE	<input type="text"/>

BC Employment Standards Act - Overtime Pay: *After working eight hours in a day an employee must be paid time-and-a-half for the next four hours worked, and double time for all hours worked in excess of 12 hours in a day. An employee who works more than 40 hours in a week must be paid time-and-a-half after 40 hours.* I approve all hours on this timesheet (including overtime) to be paid at the corresponding rate.

_____ Supervisor's Name (Please print)	_____ Supervisor's Signature	_____ Phone #
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For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
DEPARTMENT #	PAY PERIOD ENDING DATE	PAYROLL PROCESSED END DATE