

2017 Hourly Payroll Timesheet

PLEASE RETURN THIS FORM TO:

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 BC Women's Hospital & Health Centre
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Employee's Name: _____
(Please Print)

Supervisor's Name: _____
(Please Print)

Signature: _____
(Supervisor's Signature)

IMPORTANT: Timesheets must be submitted by 3:00 PM on or before:

Jan 13	Mar 28	Jun 15	Aug 30	Nov 15
Jan 31	Apr 11	Jun 28	Sep 14	Nov 30
Feb 15	Apr 28	Jul 13	Sep 28	Dec 14
Feb 28	May 12	Jul 28	Oct 13	Dec 21
Mar 15	May 31	Aug 15	Oct 31	

Corresponding 2017 Paydays:

Jan 23	Apr 7	Jun 23	Sep 8	Nov 23
Feb 8	Apr 21	Jul 7	Sep 22	Dec 8
Feb 23	May 8	Jul 21	Oct 6	Dec 22
Mar 8	May 23	Aug 8	Oct 23	Jan 8
Mar 23	Jun 8	Aug 23	Nov 8	

Please fill in one timesheet per pay period – do not combine two pay periods.

For the pay period of _____ 1st - 15th or _____ 16th - end of the month
(month) *(month)*

Date	Hours	Initials	Date	Hours	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total: _____

Total: _____

NOTE: Work Learn students can work a maximum of 10 hours per calendar week.