

2020 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: _____ Signature: _____
(Please Print) *(Supervisor's Signature)*

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

Jan 15	Mar 27	Jun 15	Aug 28	Nov 13
Jan 30	Apr 15	Jun 29	Sep 15	Nov 30
Feb 12	Apr 30	Jul 15	Sep 30	Dec 15
Feb 27	May 13	Jul 29	Oct 15	Dec 22
Mar 13	May 29	Aug 13	Oct 29	

Corresponding 2020 Paydays:

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

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: _____

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