

Date (mmm-dd)								
Hours Worked:								

Week 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total of Week 4 (must not exceed 15hrs)
Date (mmm-dd)								
Hours Worked:								

							Total hours for this timesheet	
FIS Number: CC _____ CFC _____							Total hours brought forward from previous timesheet	
Fund: _____ Order: _____							Total hours worked for this term	

Employer's Name: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pay Period	Pay Period Start Date	Pay Period End Date	Timesheet Deadline	Pay Date
M09	01.09.2024	30.09.2024	13.09.2024	27.09.2024
M10	01.10.2024	31.10.2024	16.10.2024	28.10.2024