



# SUBSTITUTE/CASUAL TIMESHEET

KAINAI BOARD OF EDUCATION

*"Our Children are our Future"*

PO Box 240  
Standoff, Alberta  
Tol1Yo  
Phone: 403-737-3966  
Fax: 403-737-2361

**Instructions:** Fill out all fields on time sheet and submit the Friday before next payroll.

Payments will occur the following KBE payroll.

<b>NAME:</b>	CERTIFIED: _____Y _____N
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DATE	AM/PM	SCHOOL	NAME OF ABSENT TEACHER/EMPLOYEE	SUPERVISOR INITIAL	TOTAL HOURS
<b>WEEKLY TOTALS</b>					

<b>SIGNATURE:</b>	<b>DATE:</b>
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HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Days \_\_\_\_\_ Hours

NOTE: all approved subs/casuals must have all documentation in to the board office beginning of every school year.