



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## BI-WEEKLY TIMESHEET

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Program: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Program: \_\_\_\_\_

Payroll #	From:							To:	
Date	Sat	Sun	Monday	Tuesday	Wed	Thurs	Friday	Balance of Overtime	
Regular Hours									
Sick									
Stat. Holiday									
Overtime Used									
Bereavement									
Vacation									
Overtime Accumulated									
Other:									
<b>Total Hours</b>									

Date	Sat	Sun	Monday	Tuesday	Wed	Thurs	Friday	Balance of Overtime
Regular Hours								
Sick								
Stat. Holiday								
Overtime Used								
Bereavement								
Vacation								
Overtime Accumulated								
Other:								
<b>Total Hours</b>								

Employee Comments:

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Entered By \_\_\_\_\_