



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: | | | | | | | | | |
| Total Hours | | | | | | | | | |

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

Employee Comments:

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Entered By _____