



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 _____