## **Manitoba Support Services Payroll**

## **TIMESHEET**



Last Name					Init Employee Number Classification Code												
					Pay Period No.												
Resource Coordinator	Name																
		Act Cd.	Date Month DD Sun.	Date Month DD Mon.	Date Month DD Tues.	Date Month DD Wed.	Date Month DD Thurs.	Date Month DD Fri.	Date Month DD Sat.	Date Month DD Sun.	Date Month DD Mon.	Date Month DD Tues.	Date Month DD Wed.	Date Month DD Thurs.	Date Month DD Fri.	Date Month DD Sat.	Total
Client Name	Init. Client Number		Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Worked Hrs Min	Hrs/Min Worked
Daily Totals																	
hereby certify that the	e hours/days shown above are co	rrect a	nd accurate			N	umber of bu	s trips		Taxi	fare				Grand	I Total	
	-										R OFFICE U	JSE ONLY					
Employee signature					Corti	fied Correct						Process	ed By				
					Oeru	nou ourrect						1 100055	Са Бу				