



# CASUAL EARLY CHILDHOOD EDUCATOR (ECE) TIMESHEET

One Week Pay Period: From \_\_\_\_\_ To: \_\_\_\_\_  
(Sunday) (Saturday)

Full Name: \_\_\_\_\_ ID # \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Authorized School Signature / Date

\_\_\_\_\_  
Employee Signature

### RECORD IN 5 MINUTE INCREMENTS (ie 8:35am, 12:50pm)

Day	Date	Start Time	End Time	Daily Hours	Reason for Absence	Regular Employee Replaced
Mon						
Tue						
Wed						
Thu						
Fri						

Total Hours To Be Paid

RECE Number: \_\_\_\_\_

Comments/ GL instructions/ PD? If Yes, organized by: \_\_\_\_\_

**This section MUST be completed for all occupation types or the timesheet will be returned.**

ARE YOU A CERTIFIED TEACHER? **NO** **YES**

IF **YES**, MY ONTARIO COLLEGE OF TEACHER'S # IS: \_\_\_\_\_

### THIS SECTION IS BOARD OFFICE USE ONLY

		Pay Type	Rate
<b>ECE Replacement</b>	<b>0100-10-000-189-1 100</b>	_____	_____
<b>ECE Vacancy</b>	<b>0100-10-000-194-1 100</b>	_____	_____
<b>Other</b>	_____	_____	_____

Pay Date: \_\_\_\_\_