



TIME REPORTING FORM

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 Employee ID # _____
 Employee Record # **0**

Last Name			First Name			Initial			Job Title						Pay Period (s)					
Region		Department				Division				Location										
4		96				DEHCHO BOARD OFFICE				FORT SIMPSON, N.W.T.										
Date	Actual Hours Worked		Time Reporting Codes															Reason	Account	Auth Initials
			Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Hour	Unit	Unit	Hour	Hour	Hour			
DD/MM/YY	FROM	TO	REG	OT1	OT2	LT	SL	AO	PS 1	PS 2	PS 3	OP	RSD	SBU	SBW	CB	SH2			
Total																				
Employee's Signature I hereby certify that I have worked the above hours									Date			Spending Authority Certified pursuant to sub-section 44(1)(a) or 49(2)(a) of the FINANCIAL ADMINISTRATION ACT						Date		
Supervisor's Signature I hereby certify that the above hours were completed									Date			Payment Authority Certified pursuant to sub-section 44(1)(b) or 49(2)(b) of the FINANCIAL ADMINISTRATION ACT						Date		



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Data Entered By	Date