



**SUBSTITUTE CARETAKER TIMESHEET**

Name: \_\_\_\_\_ Month: \_\_\_\_\_ 20\_\_

Mailing Address: \_\_\_\_\_

P.O. Box/ Street                      Town/City                      Prov                      Postal Code  
(Please submit to your immediate supervisor on the last working day of the month)

Date	Hours	Name of Employee Substituted For	Location
1			
2			
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27			
28			
29			
30			
31			
<b>Total</b>			

Employee Signature: _____	Date: _____
Principal Signature: _____	Date: _____
Supervisor of Facilities Signature: _____	Date: _____