

Time Sheet and Sign Off

NAME: _____

WEEK DATE: _____

WORK NUMBER: _____

GOVERNMENT DEPARTMENT: _____

REPRESENTATIVE: _____

	Date		A.M.		Lunch ½ hour unpaid	P.M.		Total
	Month	Day	From	To		From	To	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total for Week:								

- # of hours in 15 minute increments only (e.g. 1.25 hours)
- If no hours to be billed by date, enter; N/A
- Please verify receipt of fax

Fax Friday - End of Day to 1-877-445-9336 in order to avoid late payment

You can also email to timesheets@maxsys.ca

IMPORTANT NOTICE:

STAT HOLIDAYS: YOU MUST WORK THE DAY BEFORE & THE DAY AFTER TO QUALIFY.

**OVERTIME: CONTACT MAXSYS REPRESENTATIVE FOR APPROVAL
ONTARIO – 44 HOURS BEFORE OVERTIME
QUEBEC – 40 HOURS BEFORE OVERTIME**

DATE: _____

AUTHORIZED NAME & PHONE #: _____

AUTHORIZED SIGNATURE: _____

