

## 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								
<b>Total for Week:</b>								

- # 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](mailto: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: \_\_\_\_\_

