

Province: _____ Postal Code: _____
- home _____
431
in loc
GA55

VERIFICATION OF HOURS WORKED

Department: _____

Staff: _____

DATE OF SHIFT WORKED: _____

Actual Time of Arrival: _____ Verified By: _____

Actual Time of Departure: _____ Verified By: _____

Comments:

In order to be paid for these hours in the current pay period, this completed form must be returned to the appropriate manager before payroll closes for the pay period.

Date staff notified: _____ by _____

Approval for payment

Manager or Designate