FRONTIER SCHOOL DIVISION

CASUAL PAYROLL

SCHOOL: ____________________

CONTACT PERSON: ____________________

APPROVED BY: ____________________

DATE: ____________________

TWO WEEK PERIOD:

FROM: ____________________

TO: ____________________

PAGE ________ OF ________

C

ALL CASUAL EMPLOYEE - EXCEPT FOR SUBSITUTE TEACHERS

REVISION	EE # PAYROLL OFFICE USE	FULL NAME (PLEASE PRINT IN ALPHA ORDER)	JOB DESCRIPTION AND ACCOUNT NUMBER	S	S	M	T	W	T	F	S	S	M	T	W	T	F	REG HRS	OT HRS	TOTAL HRS
				R	R	R	R	R	R	R	R	R	R	R	R	R	R			
				OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT			