



SUPPORT STAFF TIME AND ATTENDANCE REPORT
 All Union and Non-Union support staff are required to complete this report bi-weekly.

School: _____

Employee Number: _____

Employee Last Name (please print) _____

Employee First Name (please print) _____

(Union) (Non-Union)

Report for the period from _____ to _____

JOB 1: _____

INDICATE NUMBER OF WORK HOURS PER DAY
 6.0 7.25 8.0 _____
 Other

Day	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Date														
Regular Hours Worked														
Extra Hours Worked														
Extra Hours Banked														
Extra Hours Paid														
Leave Hours Taken														
Leave Code														

JOB 2: _____

INDICATE NUMBER OF WORK HOURS PER DAY
 6.0 7.25 8.0 _____
 Other

Day	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Date														
Regular Hours Worked														
Extra Hours Worked														
Extra Hours Banked														
Extra Hours Paid														
Leave Hours Taken														
Leave Code														

Please provide an explanation for absences in shaded area(s). For unionized staff, please refer to the Collective Agreement.

Leave Codes:

- BANK – Banked Time
- BL – Bereavement Leave
- CL – Compassionate Leave (Sudden/Serious Illness)
- CURR – Co-Curricular Leave
- EADAY – 10 Required Unpaid Days (EAs only)
- EASUB – Working as a Substitute Teacher
- FTRIP – Educational/Sports Trip

- JURY – Jury Duty
- LIEU – In Lieu of (worked a holiday)
- LWOP – Leave without Pay
- PD – Professional Development
- PERS – Personal Leave
- POL – Political Leave
- SL – Sick Leave

- SF – Family Sick (Spouse/Child/Parent Illness)
- STAT – Statutory Holiday
- TD – Travel Day
- UBUS – Union Business
- VAC – Vacation
- WCB – Workers' Compensation Board

Comments	
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Employee Signature: _____

Prepared by: _____
 (If other than employee)

Date: _____

Approved by: _____

Date: _____