Anglophone East School District 1077 St. George Blvd., Moncton, NB, E1E 4C9 HOME HOSPITAL TUTORING TIMESHEET

S.I.N.:		Last Name:		First Name:	
Date (d/m/y)	Total Hours	School	Account (See below)	Au (School	thorized Signature I or District Administrator)
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
			1750/ P73301		
Timesh Please ens	eet must be com ure your principa	<u>Notes</u> pleted in full in order to process payment. al as signed the timesheet prior to submitting.	Signature of Employee	Date	
		DISTRIC	T OFFICE USE		
Total Hours	Rate	Approved By			Date Received:
Entered By	ntered By Pay Date:				