

ANGLOPHONE EAST SCHOOL DISTRICT

Moncton Office: 1077 St. George Blvd., Moncton, NB, E1E 4C9

TIMESHEET ~ TUTORING

S.I.N.: _____ Last Name: _____ First Name: _____

SUPERVISOR: _____

TO BE COMPLETED BY SCHOOL / DISTRICT ADMINISTRATOR

Date (d/m/y)	Total Hours	School	Account (See below)	Authorized Signature (School or District Administrator)

Signature of Employee

Date

DISTRICT OFFICE USE

Total Hours _____ Rate _____ Approved By _____

Entered By _____ Pay Date: _____

Date Received: