

Experience the North

NOTE: PLEASE SUBMIT TIME SHEETS BY NOON EVERY MONDAY

INSTRUCTIONS_													
Original Signed Record to be kept by the Contractor.									Contractor:	ΓΔΝΔΝΙΔΝ ΗΕΔ	ITH CARE AGEN	ICV LTD	
, , , , , , , , , , , , , , , , , , , ,									Contractor:CANADIAN HEALTH CARE AGENCY LTD				
									Contract Nurse				
									Community Lo	cation:			
												PO#	
									TA #:			FO#	
	Regular Hours					Standby Hours			Authorized Overtime Hours				
Day	Date	Start End Total		Start End Total			1st / 2nd / 3rd	Start End Total			Additional Info		
		Start	Ellu	Total	Start	Eliu	Total		Start	Eliu	Total		
												4	
Sun													
Mon													
141011			1										
												4	
Tue													
												1	
Wed													
												4	
Thurs													
												4	
Fri													
												4	
C-4													
Sat										1			
			Total Hours			Total Hours			Total	Hours			
								•					
	ime while in Transit (Change	of Location, Medica						l	Summary of Hour	s:			
Day	ay Start			nd Comments				Regular					
									Standby				
									Authorized OT				
							1	Call Back Hrs (Form attached)					
									Stat. Holiday - Standby Hrs Stat. Holiday - Call Back Hrs				
										Travel Time While in Transit			
										*Note: Please record on Time Sheet for subsequent			
										community*			
										Total hours			
NIC Name (Print):													
NIC Signature:													

CHCA-FOR-011-Rev 3
- Time Sheet - CHCA Regional Contract