

Phoenix Foundation

320 – 19 St. SE, Calgary, AB T2E 6J6

TIME SHEET

Employee Name: _____

Title: _____

Date	Activity	Start	End	Hours	Office
Total					

Month: _____

Employee Signature: _____

Supervisor Signature: _____

Deductions:

\$ _____ PD \$ _____ Classes

\$ _____ Resources \$ _____ Til IOU

\$ _____ Other

Notes:

