



Beautiful Plains School Division

To Be Submitted Twice Monthly
NIL Reports Not Required

Educational Assistant / Library / Secretary

ABSENCES & CASUAL STAFF TIME REPORT

SCHOOL: _____

PAY PERIOD Month _____ Day _____ TO: Month _____ Day _____

(Submit to coincide with timesheet approval dates)

DATE	EMPLOYEE NAME	REASON FOR ABSENCE	HOURS ABSENT	EMPLOYEE SIGNATURE	CASUAL EMPLOYEE NAME	CASUAL EMPLOYEE SIGNATURE	HOURS WORKED	D.O. OFFICE USE ONLY	
								RATE	DEPT.

Principal's Signature

**PLEASE ADVISE NEW CASUAL EMPLOYEES OF THE NEED TO CONTACT DIVISION OFFICE
AND PROVIDE PAYROLL INFORMATION**

Date