**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll free 1-800-563-2183**

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

BI-WEEKLY TIMESHEET

|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | File #: |  |
| Employer: |  | Project Name: |  |
| Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Pay Period Start: |  | Pay Period End: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week 1 | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Total |
| Date |  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |  |
| Week 2 | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Total |
| Date |  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |  |
| Total Hours Worked | | | | | | | |  |

TIMESHEETS MUST BE SUBMITTED WITH THE MONTHLY PAYMENT CLAIMS

IF YOU ALREADY HAVE EXISTING TIMESHEETS, YOU MAY SUBMIT THOSE OR USE THIS TIME SHEET

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
| Supervisor Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SLAAMB OFFICE USE | | | |
| Project Officer Signature: |  | Date: |  |