Saskatchewan Rivers Public School Division
Excellence for Every Learner

Facilities Department
Time Bank Form

Employee Name: _____   Facility: _____

Employee Signature: _____   Date: _____

DATE AND TIME WORKED

_____   _____AM/PM to _____ AM/PM = _____ hours.
   Date (MM/DD/YY)   (HH:MM)   (HH:MM)

_____   _____AM/PM to _____ AM/PM = _____ hours.
   Date (MM/DD/YY)   (HH:MM)   (HH:MM)

_____   _____AM/PM to _____ AM/PM = _____ hours.
   Date (MM/DD/YY)   (HH:MM)   (HH:MM)

_____   _____AM/PM to _____ AM/PM = _____ hours.
   Date (MM/DD/YY)   (HH:MM)   (HH:MM)

OVERTIME

☐ Alarm Call Out

☐ Emergency Call Out   } Minimum of 3 hours x2

(Description) _____

☐ Other (Description) _____

_____ hours x 2 = _____ hours to be paid

OR

_____ hours x 1.5 = _____ hours to be banked.

☐ Approved by Supervisor _____

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