

A registered charity supporting people with disAbilities at home, work & in the community

Hourly Time Sheet Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name: Month:** | | | | | | |
| **Date** | **Client** | **In** | **Out** | **Hours** | **Km** | **Activities** |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Client** | **In** | **Out** | **Hours** | **Km** | **Activities** |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
| **Total** |  | | |  |  |  |

mm/dd/yyyy

*Your name here*

**Employee’s Signature Date**

**Please submit the timesheet within the first week of the following month via email to:** [**timesheets@cplf.ca**](mailto:timesheets@cplf.ca)

If in the course of my employment I have been transporting a CPLF client in my vehicle, by signing this form I hereby confirm that I carry $2,000,000 Third Party Liability insurance on my vehicle and that my broker/ insurance company is aware that I use my vehicle for work purposes.