



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						

Employee's Signature

Date

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.

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