



TIME SHEET

PLEASE CAREFULLY READ THE NOTES BELOW

First Name:	Period reported: FROM: MM-DD-YY TO: MM-DD-YY
Last Name:	License number:
Signature:	Office: Ontario / Quebec / Alberta

#	DATE	Start	Finish	Ordered by:	Place / name	Pay Rate	Total \$ Value
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Comments:

TOTAL HOURS REPORTED:

PLEASE NOTE: Pay is issued twice a month, on the 15th and the last day of the month (if a weekend, it shall be issued on the next business day) with one pay period delay (e.g. hours worked on the 6th or 13th will be paid on the last day of the month, **IF** submitted shortly after the 15th. Hours worked on the 16th and 23rd will be paid on the 15th **IF** submitted shortly after the last day of the month). It is YOUR responsibility to Email this form / report (filled and signed) to: reports@valguard.ca . Please fill ALL fields accurately and clearly, indicate WHO gave you each task order, where it was performed (or name of project) what was the agreed upon pay rate etc. Add comments IF needed, write clearly. Once received, your report shall be forwarded for approval and processing.

SIGNATURE OF SUPERVISOR: _____ **DATE:** _____

FOR OFFICE USE ONLY: