South Shore
Regional Centre for Education

CASUAL REPLACEMENT TIME REPORT

Employee Information:

Last Name	**First Name**
Employee Number	**Employee # on Direct Deposit Slip**
Hourly Rate	**Location**

Please select appropriate classification

	Secretary		Program Support Assistant
	Cafeteria		Lunch/Student Supervisor
	Library Assistant		Tutor
	Other (explain)		Summer School Teacher

Date (MM/DD/YY)		**Hours**	**Person Replacing & Reason**
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

Employee Signature:_____ Date:_____

Principal/Supervisor:_____ Date Sent to Payroll:_____

Fax to: 902-541-3060 or 902-541-3051

Note: ALL NEW EMPLOYEES MUST HAVE ALL PAYROLL FORMS PROPERLY COMPLETED, APPROVED AND SENT TO HUMAN RESOURCES (BRIDGEWATER OFFICE) BEFORE BEING SET UP ON PAYROLL.