



AMACHEWESPIMAWIN FIRST NATION

Lac La Ronge Indian Band- Amachewespimawin First Nation

Box 190/220, Stanley Mission, SK S0J 2P0

Business: (306) 635-2115, Fax: (306) 635-2265

SUBSTITUTE TEACHER TIMESHEET

EMPLOYEE NAME: _____

TREATY NUMBER _____

SOCIAL INSURANCE NUMBER _____

ADDRESS _____

DATE		DATE	
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

Total Days: _____

Rate: _____

Total Pay: _____

Deductions: _____

Unemployment Ins, _____

Canada Pension Plan: _____

Income Tax: _____

Other: _____

Total Deductions _____

Net Pay: _____

Cheque Number: _____

Date: _____

Subbing For: _____

Explanation: _____

Employee's Signature _____

Date

Signature of Principal

Date