# TIMESHEET

**Associate Name:**_____

**Company Name:**_____

**Supervisor Name:**_____

| | Date | Start Time | End Time | Lunch Break | Hours Worked (less lunch) | Over-time Hours* |
|---|---|---|---|---|---|---|
| **Sunday** | | | | | | |
| **Monday** | | | | | | |
| **Tuesday** | | | | | | |
| **Wednesday** | | | | | | |
| **Thursday** | | | | | | |
| **Friday** | | | | | | |
| **Saturday** | | | | | | |
| ***Overtime must be authorized. Please contact your consultant before working overtime.*** | | | | **Total Hours** | | |

***PAYROLL NOTES):***_____
***(e.g. address changes)***

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***NOTE:****Please fill out* ***one timesheet per assignment****. Deadline for receiving your weekly timesheets is* ***MONDAY 12 NOON*** *following the week you have worked. Timesheets received after the deadline will be processed the following week.*

**Associate Signature:**_____

**Date:**_____

**Minimum Daily Pay -** An employee who reports for work must be paid for at least two hours, even if the employee works less than two hours.

**Meal Breaks -** An employee must not work more than five hours in a row without a 30-minute unpaid meal break. An employee who is required to work or be available for work during a meal break must be paid for the meal break.

**Overtime** - Daily overtime pay is time-and-a-half after eight hours worked in a day and double-time for all hours worked in excess of 12 hours worked in a day.

**Guarantee** – All charges will be cancelled and a replacement will be given if Miles Employment Group Ltd. is advised of an Associate's unsatisfactory work performance within 4 hours on the first day of work.

**Supervisor Signature:**_____

**Date:**_____