

AVENUE II TIMESHEET

AVENUE II EXPENSE CLAIM FORM

R - Reg Hrs STP - Stat Day off OT - Overtime OC - On Call
 FAM - Family leave ON - Overnight FLT - Float LIEU -Lieu
 LWOP - Leave without pay V- Vacation ST - Stat Worked
 COM - Compassionate S- Sick BER - Bereavement

NAME: _____

SUPERVISOR: _____ POSITION: _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____
 Month/Day/Year Month/Day/Year

WEEK ONE											NEIGHBOURS					NEIGHBOURS				
DATE	TIME (ie. 9 - 1)	M.B. Hrs	T.M. Hrs	I.F. / P.O.S. Hrs	ESS/ CLS Hrs	Non 24 hr Hrs	24 hr Hrs	Office Travel Mtgs	Other Pd Hrs.	CODE	COMMENTS Include initials of the person receiving support	EXPENSE CLAIM Description & Location	M.B. KM	T.M. KM	I.F. / P.O.S. KM	ESS/ CLS KM	Non 24 hr KM	24 hr KM	Admin KM	OTHER EXPENSE
SUN.																				
MON.																				
TUES.																				
WED.																				
THUR																				
FRI.																				
SAT.																				
Total Hours Week 1											Week 1	KM & Other Exp Total								