



TEMP EMPLOYEE: _____
 COMPANY NAME: _____
 JOB POSITION: _____

**MUST be received no
 later than FRIDAY
 Week Ending Pay
 Period**

Email: reception@okanaganstaffing.com or Fax: 250-862-5181

WEEK 1	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL	OVERTIME MUST HAVE PRIOR APPROVAL
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
WEEK 1 TOTAL							
WEEK 2	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL	OVERTIME MUST HAVE PRIOR APPROVAL
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
WEEK 2 TOTAL							
NAME OF SUPERVISOR:				WEEK 2 TOTAL			
SIGNATURE OF SUPERVISOR:				WEEK 1 & 2 TOTALS			