



ReSolve Support Services Inc. Employee & Contractor Timesheet

Date of Submission (Y/M/D): _____ First/Last Name: _____

Phone #: _____ Fax #: _____ HST # (&AMOUNT): _____ MONTH: _____ YEAR: _____

*Emails Time sheet to resolvetime24@gmail.com BY 12:00pm every 16th and 1st of every month.

DATE:	SHIFT START	SHIFT FINISH	LOCATION SITE NAME	TOTAL # OF HOURS	PAY RATE \$		DATE:	SHIFT START	SHIFT FINISH	LOCATION SITE NAME	TOTAL # OF HOURS	PAY RATE \$
1 st							16 th					
2 nd							17 th					
3 rd							18 th					
4 th							19 th					
5 th							20 th					
6 th							21 st					
7 th							22 nd					
8 th							23 rd					
9 th							24 th					
10 th							25 th					
11 th							26 th					
12 th							27 th					
13 th							28 th					
14 th							29 th					
15 th							30 th					
							31 st					

TOTAL HOURS WORKED	OFFICE USE ONLY: DEDUCTIONS (NO SHOWS/NO CANCEL)	OFFICE STAFF SIGN OFF BELOW (UPON COMPLETION)