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Avalon Employment Inc.

CO-WORKER TIMESHEET

Client Name: _____

Co-Worker Name: _____

Pay Period Start Date: _____

Pay Period End Date: _____

**** NOTE: Timesheets are due on Monday by noon to ensure payment.**

Please complete one timesheet per client.

WEEK 1	Month	Day	Begin	End	Total Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
WEEK 2	Month	Day	Begin	End	Total Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

****AEI OFFICE ONLY**

	Regular Time	Overtime	Stat Holiday Worked	Stat Holiday Off	ROE Needed
Total week 1					
Total week 2					
TOTAL HOURS					

Co-Worker Signature: _____

Date: _____