

Youth Intern Back-up Timesheet - SK CAP YI

			Pay Period (day/month/year)	
CAP Site Name	Last Name	First Name	Date From	Date To

Day	Date	Start Time	End Time	# of Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total				

Intern Signature

Supervisor Name

Supervisor Signature

Use this Form only if the E-Office (<http://www.synray.ca/capweb>) is not available for reporting hours.

You must report your activities on the E-Office as soon as it is available again

Fax completed timesheet to (306) 682-3101 ATTN: SK CAP YI or email to capyisk@ctrc.sk.ca