

**SIoux LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**  
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183  
**INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM**

**BI-WEEKLY TIMESHEET**

**Employee Name (Print):** \_\_\_\_\_ **FILE #:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**First Nation:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Pay period start:** \_\_\_\_\_  
**Pay period end:** \_\_\_\_\_

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours Worked
<b>Date</b>								
<b>Hours</b>								
<b>Date</b>								
<b>Hours</b>								
<b>Total Hours Worked</b>								

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SLAAMB OFFICE USE:**

**Project Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TIMESHEETS MUST BE SUBMITTED WITH THE MONTHLY PAYMENT CLAIMS**  
**IF YOU ALREADY HAVE EXISTING TIMESHEETS, YOU MAY SUBMIT THOSE OR USE THIS TIME SHEET**