

Monthly Timesheet - August

Summer Farm Employment Program

Please refer to the appropriate sections of the Guidelines while completing this form.

*****PLEASE SEND IN AT END OF MONTH**

1. Employee Information

Last Name	First Name	Phone Number (including Area Code)	Application Number:
Mailing Address	Town or City	Province	Postal Code

2. Employment

First Day Worked (in August)			Last Day Worked (in August)		
month	day	year	month	day	year

3. Earnings

Total regular hours _____ x regular hourly wage _____ =	\$ _____ A	
Total overtime hours _____ x overtime hourly wage _____ =	\$ _____ B	
Total gross wage (line A + line B)	\$ _____ C	
Subtract portion paid to employee by government: *50% of box C or \$400 (whichever is less)	\$ _____	
Employer's share of the employee wages The employer has paid the employee this amount. ←	\$ _____	← <table border="1" style="width: 100px; height: 40px; text-align: center; vertical-align: middle;">Employer's share</table>
*If safety training has not been completed application may be cancelled		

4. Employer Declaration

I declare that the information given above is true to the best of my knowledge and that I have paid the employee my share of his/her wages. I understand that making a false statement may result in criminal or civil liability.

Employer Signature

Date

5. Employee Declaration

I certify that I have worked the hours listed above and that I have received the employer's payment for working those hours.

Employee Signature

Date

PLEASE FAX this **Monthly Timesheet** and the **Record of Hours** form to **403 742-7527**. No original is required unless requested.

This personal information is being collected to determine funding for the Summer Farm Employment Program under the Government Organization Act. It is subject to the Freedom of Information and Protection of Privacy Act. Contact the Program Administrator at 310 – FARM (3276) with any questions.

Office Use Only

Employee#	SFG	SFF	Hourly Rate	Total Hours	Verifiers Initials