

Workplace Safety and Health Committee Time Sheet

For hourly paid staff, including CUPE Local 3909 TAs & Sessional

Please complete and submit to Alan Scott, Chief Risk Officer, Risk Management & Security, 191C Extended Ed Complex or by email to: alan.scott@umanitoba.ca with a cc to michelle.ulrich@umanitoba.ca within five (5) working days after time worked.
RETAIN A COPY FOR YOUR RECORDS.

NAME: _____ EMPLOYEE ID #: _____

STUDENT (UNIT 1): SESSIONAL (UNIT 2):

UMB COMMITTEE NAME/NUMBER: _____

DATE	START TIME	END TIME	TOTAL HOURS	DETAILS*

*Please provide details of work performed (i.e. attended meeting, inspection, training, etc.)

CUPE Rep Signature: _____ Date: _____

LASH Employee Co Chair: _____ Date: _____

LASH Worker Co Chair: _____ Date: _____

Office Use Only: Risk Management & Security, 191C Extended Ed Complex or by email to alan.scott@umanitoba.ca with a cc to michelle.ulrich@umanitoba.ca.

Approved: Yes

If No, Explanation: _____

Paying GL: F _____ O _____ P _____

Signature: _____ Date: _____