

# 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](mailto:alan.scott@umanitoba.ca) within **five (5) working days** after time worked. **RETAIN A COPY FOR YOUR RECORDS.**

NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

IF CUPE: 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](mailto:alan.scott@umanitoba.ca).**

Approved: Yes

If No, Explanation: \_\_\_\_\_

\_\_\_\_\_

Paying GL: F \_\_\_\_\_ O \_\_\_\_\_ P \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_