

CUPE LOCAL 3909

Workplace Safety and Health Committee Time Sheet

Please complete and submit to Delaine Russo, Director, Environmental Health & Safety, 191 Extended Ed Complex or by email to: ehso@umanitoba.ca AND delaine.russo@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: Environmental Health & Safety, 191 Extended Ed Complex or by email to delaine.russo@umanitoba.ca and ehso@umanitoba.ca.

Approved: Yes No

If No, Explanation: _____

Signature: _____ Date: _____