

UNION CREW TIMECARD

WEEK ENDING		EMPLOYEE NAME		SOCIAL INSURANCE NO.	
WORK LOCATION REQUIRED					
LOCATION CITY _____		LOAN-OUT CORPORATION		[]HST []GST	
PROVINCE _____					
PRODUCTION NAME		JOB CLASSIFICATION		UNION NAME	
				UNION LOCAL	
PRODUCTION COMPANY		RATE		ACCOUNT CODE	
				FRINGE CODE	

DATE	IN	1ST MEAL		2ND MEAL		WRAP	FOR ACCOUNTING USE ONLY											
		OUT	IN	OUT	IN		ACCT	HRS	ST	1.5	2			MP		HRS	RATE	TOTAL
SUN															ST			
MON															1.5			
TUE															2			
WED																		
THU																		
FRI															MP			
SAT															VAC			
COMMENTS:															HOL			
															ADJ			
EMPLOYMENT ENDED: ☐ NO ☐ YES DATE: _____																		
SPECIAL UNPAID LEAVE: FROM: _____ TO: _____																		

ACCT #	MEALS ALLOWED	MEALS TAXABLE	PER DIEM ADVANCE	ACCT #	LODGING ALLOW	LODGING TAXABLE	PER DIEM ADVANCE
ACCT #	BOX RENTAL	ACCT #	CAR ALLOW	ACCT #	MILEAGE ALLOW	MILEAGE TAXABLE	MILEAGE ADVANCE
CHECK ONE:	☐ BOX RENTAL INFORMATION ON FILE			ACCT #	2ND CAMERA	OTHER	SALARY ADVANCE
☐ BOX RENTAL INFORMATION ATTACHED							
COMMENTS:						TOTAL:	

BY SIGNING, YOU CERTIFY THAT THE RECORD OF TIME WORKED IS CORRECT. WITHOUT APPROPRIATE DOCUMENTATION, REIMBURSABLE EXPENSES WILL BE CONSIDERED TAXABLE ITEMS.

EMPLOYEE
SIGNATURE X _____

APPROVED X _____