



Calgary Progressive Lifestyles Foundation

Providing Support Services to Seniors and People with DisAbilities

Hourly Time Sheet Form

Name:			Month of:		
Date	Client	In	Out	Km	Activities
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					



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Hourly Time Sheet Form

Name:				Month of:			
Date	Client	In	Out	Km	Activities		
24							
25							
26							
27							
28							
29							
30							
31							
		Totals			Please submit the timesheet within the first week of the following month via e-mail to timesheets@cplf.ca .		

Employee's Signature:		Dated:	
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If in the course of my work duties I have been transporting a CPLF client in my vehicle by signing this form I hereby confirm that I carry \$2,000,000 Third Party Liability insurance on my vehicle and that my broker/ insurance company is aware that I use my vehicle for business purposes.