



Non-Station Time Card

Employee Name: _____
Employee Number: _____
Pay Period: _____
Station Worked: _____
Home Station: _____
Home Operations Manager: _____

Date:																	
		Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Total Hours	Comments
EARNINGS																	
Casual Hours	05															0.00	
Casual Overtime	06															0.00	
Overtime @ 1.5	02															0.00	
Stat Holiday @ 1.5 (Not a Reg. Sched. Shift)	09															0.00	
Stat Holiday @ 2.0 (Not a Reg. Sched. Shift)	10															0.00	
Other (Please Insert Comments)																0.00	
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Please leave this form to be approved by the Non-Station Operations Manager at the end of the shift worked. Include these hours on your regular Employee Time Card.

This form advises your Home Operations Manager you have worked a Non-Station Shift.

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EMPLOYEES SIGNATURE

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OPERATIONS MANAGER SIGNATURE