PRAIRIE COLLEGE

Time Sheet

Name (last) (first)

Month 20, Dept.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total

Department # _____

Department # _____

Employee

Supervisor Hourly Rate: _____

Employee's Final Time Card

Final Date Worked: _____

Why is this the final time card? _____

Change of Address: _____

Is there a change of banking for the final pay? No Yes

Student Acct # _____

if yes, then please attach a "VOID" cheque for a Canadian Financial Institution

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