

La Ronge EMS Overtime Time Card

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DATE	SHIFT	CODE	REASON	START TIME	END TIME	TOTAL OT	Management Approved

TOTAL REG OT

Double OT Time Card

DATE	SHIFT	CODE	REASON	START TIME	END TIME	TOTAL DOT	Management Approved

TOTAL DOT

LA RONGE EMS REGULAR TIME CARD

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ OF \_\_\_\_\_.

<u>DATE</u>	<u>Shift</u>	<u>Reg. Hrs. Code</u>	<u>Reason/Times</u>	<u>Total REG. hrs</u>	<u>OC-Code</u>	<u>Total Hrs</u>	<u>Shift Diff.</u>	<u>Total Hrs</u>	<u>Weekend</u>	<u>Total Hrs</u>	<u>TCB</u>
			<b>TOTAL REGULAR HOURS</b>		<b>SBP TOTAL</b>		<b>SD-TOTAL</b>		<b>WH TOTAL</b>		