



Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1

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www.acesjobs.ca

Client/Student Weekly Timesheet

Name of Program/Training Course: _____

Weekly Start Date: _____ Weekly End Date: _____
MM/DD/YY MM/DD/YY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Total # of Hours Worked							

Client (Print Name) _____ (Signature) _____ Date _____

Instructor/Supervisor Name (Print Name) _____ (Signature) _____ Date _____

Weekly Start Date: _____ Weekly End Date: _____
MM/DD/YY MM/DD/YY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Total # of Hours Worked							

Client (Print Name) _____ (Signature) _____ Date _____

Instructor/Supervisor Name (Print Name) _____ (Signature) _____ Date _____

PLEASE COMPLETE TIMESHEET IN FULL AND FORWARD TO:
Jen Johnson jjohnson@acesjobs.ca **AND** Lani Jackson ljackson@acesjobs.ca