



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

Commission Disclosure 2087

(18)

125 per Rita B

SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

UNIT: FAMILY SUPPORT

16413

WEEK ENDING DATE: 01/12/2000

Employee Name: M Belanger

Employee # 557

Supervisor: Rita Barger

CLIENT NAME/FACILITY DESCRIPTION	# of children	CODES GL WORK CLASSIFICATION	MON: 01/10		TUES: 01/11		WED: 01/12		THURS: 01/13		FRI: 01/14		SAT: 01/15		SUN: 01/16		TOTAL HOURS
			FR:	RO:	FR:	RO:	FR:	RO:	FR:	RO:	FR:	RO:	FR:	RO:	FR:	RO:	
[REDACTED]	6	310301	8	8													
[REDACTED]	8		4	SK													
[REDACTED]	1	143301			8	8											
[REDACTED]	8				4	SK											
[REDACTED]	1	143301					8	8									
[REDACTED]	4						4	SK									
[REDACTED]	1	135411						8	8								
[REDACTED]	3							4	SK								
[REDACTED]	3	131411								8	8						
[REDACTED]	12									4	SK						
TOTAL HOURS																	23

RECEIVED
JAN 17 2000
PROCESSED
SICES EXEC OFFICE

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M Belanger

Area Authorized Signature: Rita Barger

SERVICES A L'ENFANT ET A LA FAMILIE NOS WINTER
SUPPORT/SHELTER WORKER TIME SHEET

UNIT: **FAMILY SUPPORT**

WEEK ENDING DATE: **30/01/2000**
dd mm yyyy

Employee Name: **M Belanger**

Employee #: **551**

Supervisor: **Rita Borgen**

R = Regular Hours C: Code Sick (SK) No Show (NS) SMR Premium (SP) Vacation (VAC) Admin Time (AD) Travel (T) Sleep Time (ST) No Hours Reported

CLIENT NAME/FACILITY	# of children	CODES	MON: 01/01/00		TUES: 02/01/00		WED: 03/01/00		THURS: 04/01/00		FRI: 05/01/00		SAT: 06/01/00		SUN: 07/01/00		TOTAL HOURS
			FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	
DESCRIPTION	Contact Hours	WORKS CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	1	135411	1 P	3					10 A	3							1/2 6 1/2
[REDACTED]	8		4						1								AD
[REDACTED]	3	131411	9 A	4			12:30	5 1/2			2 P	3					1 13 1/2
[REDACTED]	12		1				6				5	NS					AD
[REDACTED]	8	310301			3		1 9:30	3			10 A	4					1/2 8 1/2
[REDACTED]	8				4		12:30				2						AD
[REDACTED]	8	310301			4				1 P	4							1/2 8 1/2
[REDACTED]	8				8				0								AD
[REDACTED]	1	143301			11		4										1/2 4 1/2
[REDACTED]	2				3												AD
TOTAL HOURS:					7		9		8 1/2		7		7				3 1/2

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: **M Belanger**

Area Authorized Signature: **[Signature]**

RECEIVED
 JAN 31 2000
 ASSELYE OFFICE

01/30/2000 15:55 284892855 SHIPPERS DRUG MART PAGE 03

UNIT: FAMILY SUPPORT

Supervisor: Rita Bergen

reg Time (RT) No Hours Required

SAT: (M) (M)		SUN: (M) (M)		TOTAL
FR:	TO:	FR:	TO:	
				10
				9
				1
				4
				5
				1
				30

R. Bergen

RECEIVED
JAN 24 2000
WCFS-EXEC OFFICE

SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

(UNIT): FAMILY SUPPORT

WEEK ENDING DATE: 06.02.2000
dd mm yyyy

Employee Name: J.R. Belange

Employee # 551

Supervisor: Rita Bergen

Codes: Sick (SK) No Show (NS) SIB Premium (SP) Vacation (VAL) Admin Time (AD) Travel (T) Step Time (ST) in hours required

CLIENT NAME/FACILITY DESCRIPTION	Payroll Code Employment Code	CODES CN WORK CLASSIFICATION	MON: 01 0000		TUES: 02 0000		WED: 03 0000		THURS: 04 0000		FRI: 05 0000		SAT: 06 0000		SUN: 07 0000		TOTAL HOURS
			FR: TO: R# O#	FR: TO: R# O#	FR: TO: R# O#	FR: TO: R# O#	FR: TO: R# O#	FR: TO: R# O#	FR: TO: R# O#								
[REDACTED]	3	131411	12:30m	5	2:30m	3	4:30m	2									10
[REDACTED]	13	310 301	3:30m	4	5:30m	4	10:30m	4									8
[REDACTED]	13	310 301	7:30m	4	9:30m	3	2:30m										10
[REDACTED]	13	310 301	11:30m	4	12:30m												10
[REDACTED]	13	143301	2:30m	4													4
[REDACTED]	13	135-411	6:30m	4													8
[REDACTED]	13		10:30m	4													8
[REDACTED]	13		2:30m														4
TOTAL HOURS:				8		8		8		7		9					40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: J.R. Belange

Area Authorized Signature: Rita Bergen



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

UNIT: FAMILY SUPPORT

WEEK ENDING DATE: 13 / 02 / 2000
dd mm yyyy

Employee Name: A. Belanger

Employee # 551

Supervisor: Rita Bergen

☐ = Regular Hours
☐ = Other Hours

Codes: Sick (SK) No Show (NS) SUIR Premium (SP) Vacation (VAC) Absent Time (AM) Travel (T) Sleep Time (ST) No Hours Reported

10564
13

CLIENT NAME/FACILITY	# of children	CODES	MON: 01 0000		TUES: 02 0000		WED: 03 0000		THURS: 04 0000		FRI: 05 0000		SAT: 06 0000		SUN: 07 0000		TOTAL HOURS
			FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	
[REDACTED]	8	310301	10: A	4			9:30	3	10: A	4							11
[REDACTED]	8-12		2:				12:30		2:								
[REDACTED]	8	310301	2:	4					2:	4							8
[REDACTED]	5	181411			1:30	4	12:30	5			9:30	3					12
[REDACTED]	12				5:30		5:30				12:30						
[REDACTED]	1	135411			9:30	4					12:30	4			CA		8
	00				1:30						4:30						
PROCESSED																	
RECEIVED																	
FEB 14 2000																	
WCCFS-EXEC OFFICE																	
TOTAL HOURS:			8		8		8		8		7						39

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: A. Belanger

Area Authorized Signature: Rita Bergen

Belanger Timesheets - 2000

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44354



WINNIPEG CHILD AND FAMILY SERVICES
 SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
 SUPPORT/SHELTER WORKER TIME SHEET

10623

WEEK ENDING DATE: 27 / 02 / 2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: Rita B...

CLIENT NAME/FACILITY	# of children	CODES GL	MON: dd/mm		TUES: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		TOTAL HOURS	
			FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*		
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*		
[REDACTED]	1	135411	9:30m	4	:	m	:	m	9:30m	4	:	m	:	m	:	m	1	9
[REDACTED]	8-12		1:30m		:	m	:	m	1:30m	(5)	:	m	:	m	:	m		AD
[REDACTED]	3	131411	2:30m	3	:	m	1:30m	5	1:30m	2	1:30m	2	:	m	:	m	1	13
[REDACTED]	12		5:30m		:	m	6:30m		3:30m		3:30m	(3)	:	m	:	m		AD
[REDACTED]	8	133301			10:30m	4	9:30m	4			9:30m	4	:	m	:	m	1/2	12 1/2
[REDACTED]	12				2:30m		1:30m		3:30m	3	1:30m	(4 1/2)	:	m	:	m		AD
[REDACTED]	1	136301	1:30m	1	:	m	:	m	3:30m	3	3:30m	2	:	m	:	m	1/2	6 1/2
[REDACTED]	6		2:30m		:	m	:	m	6:30m		5:30m	(2 1/2)	:	m	:	m		AD
[REDACTED]	2	131301			2:30m	4							:	m	:	m	1/2	4 1/2
[REDACTED]	4				6:30m	(4 1/2)							:	m	:	m		AD
									HW				:	m	:	m		
									02 / 24 / 2000				:	m	:	m		
									PROCESSED				:	m	:	m		
TOTAL HOURS:				8		8		9		9		8					3 1/2	45 1/2

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: R. Belanger



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 05/02/2002
 dd mm yyyy

Employee Name: **BELANGER, MARIE**

Classification: **SUPPORT WORKER 3** Employee # **551**

Supervisor: **Rita Bergeron**

10077
CA

R+ = Regular Hours
 O+ = Other Hours

Codes: Sick (SK) No Show (NS) Shift Premium (SP) Vacation (VAC) Adverse Time (ADI) Travel (T) Skip Time (ST) No Hours Required

CLIENT NAME/FACILITY	# of children	CODES	MON: dd/mm		TUES: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		TOTAL HOURS
			FR:	R+	FR:	R+	FR:	R+	FR:	R+	FR:	R+	FR:	R+	FR:	R+	
[REDACTED]	2	131 301	:	m	2:30m	4	:	m	:	m	:	m	:	m	:	m	4
[REDACTED]	4		:	m	6:30m		:	m	:	m	:	m	:	m	:	m	
[REDACTED]	8	133 301	:	m	10:30m	4	9:30m	4	:	m	9:30m	4	:	m	:	m	12
[REDACTED]	12		:	m	2:30m		1:30m		:	m	1:30m		:	m	:	m	
[REDACTED]	1	136 301	4:30m	2	:	m	3:30m	2	3:30m	2	:	m	:	m	:	m	6
[REDACTED]	6		6:30m		:	m	5:30m		5:30m		:	m	:	m	:	m	
[REDACTED]	1	135 411	9:30m	4	:	m	:	m	9:30m	4	:	m	:	m	:	m	8
[REDACTED]	8		1:30m		:	m	:	m	1:30m		:	m	:	m	:	m	
[REDACTED]	3	131 411	1:30m	3	:	m	1:30m	2	1:30m	2	1:30m	5	:	m	:	m	12
[REDACTED]	12		4:30m		:	m	3:30m		3:30m		6:30m		:	m	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
TOTAL HOURS:				9		8		8		8		9					42

PROCESSED

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: Rita Bergeron

MAR-97-08 12:55 FROM: WPG C FS BW ID: 204 944521 PAGE 53



ppb

prw

10699

WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 12/03/2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employer # 351 Supervisor: Allyce Allcock

CLIENT NAME/FACILITY	Description	Codes	MON: dd/mm		TUES: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		TOTAL HOURS
			FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	
[REDACTED]	2	131301			2:30m	4											4
[REDACTED]	4				6:30m												
[REDACTED]	8	133301			10:30m	4	9:30m	4			9:30m	4					12
[REDACTED]	12				2:30m		1:30m				1:30m						
[REDACTED]	1	136301	4:30m	2			3:30m	2	3:30m	2							6
[REDACTED]	6		6:30m	15			5:30m	15	5:30m	15							
[REDACTED]	1	135411	9:30m	4					9:30m	4							8
[REDACTED]	8		1:30m						1:30m								
[REDACTED]	3	131411	1:30m	3			1:30m	2	1:30m	2	1:30m	5					12
[REDACTED]	12		4:30m				3:30m		3:30m		6:30m						
TOTAL HOURS:				9		8		8		8		9					42

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: MBelanger

Area Authorized Signature: Allyce Allcock



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

Maybe duplicate

WORK ENDING DATE: A 103 2000
 dd mm yyyy

Employee Name: BELANGER, MARIE

Classification: SUPPORT WORKER 3 Employee # 551

Supervisor: Rita [unclear]

Ann Allsop

R+ = Regular Hours
 O+ = Other Hours

Codes: Sick (SK) No Show (NS) SNR Premium (SP) Vacation (VAC) Adm's Time (AT) Travel (T) Sleep Time (ST) No Hours Reported

107.49

CLIENT NAME/FACILITY	# of shifts	CODES	MON: dd/mm		TUE: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		REGULAR HOURS TOTAL
			FR:	R+	FR:	R+	FR:	R+	FR:	R+	FR:	R+	FR:	R+	FR:	R+	
DESCRIPTION	CLASS. CLASS.	WORKY CLASSIFICATION	TR:	O+	TO:	O+	TO:	O+	TO:	O+	TO:	O+	TO:	O+	TO:	O+	
[REDACTED]	8	133-201	:	TR	9:30m	4	9:30m	4	9:30m	4	:	TR	:	TR	:	TR	12
[REDACTED]	12		:	TR	1:30m		1:30m		1:30m		:	TR	:	TR	:	TR	
[REDACTED]	3	131-411	8:	A	8	:	TR	:	TR	:	9:30m	4	:	TR	:	TR	12
[REDACTED]	12		4:	TR	SK	:	TR	:	TR	:	1:30m	SK	:	TR	EA	TR	
[REDACTED]	1	135-411	:	TR	:	TR	:	TR	1:30m	4	1:30m	4	:	TR	:	TR	8
[REDACTED]	8		:	TR	:	TR	:	TR	5:30m		5:30m		:	TR	:	TR	
[REDACTED]	2	131-201	:	TR	1:30m	4	:	TR	:	TR	:	TR	:	TR	PROCESSED	TR	4
[REDACTED]	4		:	TR	5:30m		:	TR	:	TR	:	TR	:	TR	:	TR	
[REDACTED]	7	136-301	:	TR	:	TR	:	TR	:	TR	1:30m	4	:	TR	:	TR	4
[REDACTED]	6		:	TR	:	TR	:	TR	:	TR	5:30m		:	TR	:	TR	
TOTAL HOURS:					8		8		8		8		8		8		40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: Ann Allsop

93-28-88 12:44 MAILBOXES ETC ID-12848373285



PP7

WINNIPEG CHILD AND FAMILY SERVICES
 SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

10783

WEEK ENDING DATE: 26 03 00 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: Anna Kinsoff
dd mm yyyy

CLIENT NAME/FACILITY	# of children	GL	MON: dd/mm		TUES: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		HOURS	
			FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*		
[REDACTED]	8	133301	:	m	:	m	9:30m	4	9:30m	4	10:	m	4	:	m	:	m	13
[REDACTED]	12		:	m	:	m	1:30m		1:30m		2:	m		:	m	:	m	AD
[REDACTED]	2	131201	:	m	2	m	4	:	m	:	m	:	m	:	m	:	m	1
[REDACTED]	4		:	m	6	m	4	:	m	:	m	:	m	:	m	:	m	AD
[REDACTED]	1	135411	:	m	10:	m	4	:	m	:	m	2:	m	4	:	m	:	1
[REDACTED]	8		:	m	2:	m		:	m	:	m	6:	m		:	m	:	AD
[REDACTED]	1	136301	:	m	:	m	1:30m	3	1:30m	3	:	m		:	m	:	m	AD
[REDACTED]	6		:	m	:	m	4:30m		4:30m		:	m		:	m	:	m	AD
[REDACTED]	3	131411	8:	A	:	m		:	m	:	m		:	m	:	m	:	AD
[REDACTED]	12		4:	m	WAR	:	m	:	m	:	m	H/W	:	m	:	m	:	8
			:	m	out and fed		:	m	:	m	03-27-2006	:	m	:	m	:	m	
			:	m	:	m	:	m	:	m	PROCESSED	:	m	:	m	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m	:	
TOTAL HOURS:					8		8		7		7		8					34 1/2

RECEIVED
 MAR 27 2000
 WCFB EXEC OFFICE

Whereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger
 Belanger Timesheets - 2000

Area Authorized Signature: R. [Signature]



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

*Please note overpayment
 last pay period.* 10832

WEEK ENDING DATE: 02/04/2000
 dd mm yyyy

Employee Name: BELANGER, MARIE

Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: Rita BOFFEL...

CLIENT NAME/FACILITY	# of children	CODES	MON: dd/mm		TUES: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		TOTAL HOURS
			MON	TUE	WED	THURS	FRI	SAT	SUN								
[REDACTED]	2	131-301		2:30m													4
[REDACTED]	4			6:30m													
[REDACTED]	1	135-40		10:30m							1:30m						8
[REDACTED]	8			2:30m							5:30m						
[REDACTED]	7	136-301				1:30m		3	1:30m		3						6
[REDACTED]	6					4:30m			4:30m								
[REDACTED]	8	133-301				9:30m		4	9:30m		4	9:30m		4			12
[REDACTED]	12					1:30m			1:30m			1:30m					
[REDACTED]	3	131-411	8:30m	8												5 2000	8
[REDACTED]	12		4:30m													PROCESSED	
[REDACTED]																	
[REDACTED]																	
[REDACTED]																	
[REDACTED]																	
[REDACTED]																	
TOTAL HOURS:				8	8	7	7	8									38

I hereby certify that the hours recorded above are true and accurate.

Relanger Timesheets - 2000

Employee Signature: M. Belanger

Area Authorized Signature:

[Signature]



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

PP 8

WEEK ENDING DATE: 09, 04, 2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: Anne ALLsopp
dd mm yyyy

10887

CLIENT NAME/FACILITY	# of children	CODES	MON: dd/mm		TUES: dd/mm		WED: dd/mm		THURS: dd/mm		FRI: dd/mm		SAT: dd/mm		SUN: dd/mm		TOTAL HOURS	
			FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*	FR:	R*		
DESCRIPTION	Contract Hours	WORKS CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*		
[REDACTED]	2	131301	:	m	:	m	2:30m	4	:	m	:	m	:	m	:	m	4	
[REDACTED]	4		:	m	:	m	6:30m		:	m	:	m	:	m	:	m		
[REDACTED]	1	135411	:	m	10:30m	4	:	m	1:30m	4	:	m	:	m	:	m	8	
[REDACTED]	12		:	m	2:30m		:	m	5:30m		:	m	:	m	:	m		
[REDACTED]	1	136301	1:30m	3	:	m	:	m	:	m	1:30m	3	:	m	:	m	6	
[REDACTED]	6		4:30m	NS	:	m	:	m	:	m	4:30m	NS	:	m	:	m		
[REDACTED]	8	133301	:	m	2:30m	4	10:30m	4	9:30m	4	:	m	:	m	:	m	12	
[REDACTED]	12		:	m	6:30m		2:30m		1:30m		:	m	:	m	CA	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m		
			:	m	:	m	:	m	:	m	:	m	:	m	PROCESSED	:	m	
			:	m	:	m	:	m	:	m	:	m	:	m	:	m		
			:	m	:	m	:	m	:	m	:	m	:	m	:	m		
			:	m	:	m	:	m	:	m	:	m	:	m	:	m		
TOTAL INURS:				3		8		8		8		3					30	

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger
Belanger Timesheets - 2000

Area Authorized Signature: Anne ALLsopp

99r 08 00 04:05p

mailboxes etc

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p.2



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

10964

Apr 17 00 09:58a

WEEK ENDING DATE: 16 / 04 / 2004 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOPP**

CLIENT NAME/FACILITY	# of children	CODES CL	MON: 10 / 17/04		TUES: 11 / 18/04		WED: 12 / 19/04		THURS: 13 / 20/04		FRI: 14 / 21/04		SAT: 15 / 22/04		SUN: 16 / 23/04		HOURS TOTAL
			FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	
[REDACTED]	8	133-301	TO: 4:30m	O*: 4	TO: 9:00m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	12
[REDACTED]	12		TO: 1:30m	O*: 4	TO: 7:00m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	8
[REDACTED]	1	135-411	TO: 1:30m	O*: 4	TO: 5:00m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	4
[REDACTED]	2	131-301	TO: 1:30m	O*: 4	TO: 5:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	4
[REDACTED]	4		TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	4
[REDACTED]	1	136-301	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	TO: 1:30m	O*: 4	6
[REDACTED]	6		TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	6
[REDACTED]	3	131-411	TO: 8:00m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	TO: 4:30m	O*: 4	8
RECEIVED	12		TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	8
APR 17 2004			TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	8
NOFS-EXEC OFFICE			TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	TO: 4:00m	O*: 4	8
TOTAL HOURS:			8		8		8		7		7						38

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Marie Belanger

Area Authorized Signature: R. Bowyer for A.A.

Belanger Timesheets - 2004

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44364

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11247



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 04.06.00 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOFF**
 dd mm yyyy

CLIENT NAME/FACILITY	# of children	CODES GL WORK CLASSIFICATION	MON: 29		TUES: 30		WED: 31		THURS: 01		FRI:		SAT:		SUN:		TOTAL HOURS
			FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	
DESCRIPTION	Client Hours		TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	1	135411	8:00	8:00													8
[REDACTED]	12-8		4:00	SR													AD
[REDACTED]	2	131301			2:00	4:00											8
[REDACTED]	4				6:00												AD
[REDACTED]	8	133301			10:00	4:00	8:30	5:00	9:30	3:00							12
[REDACTED]	12				2:00		1:30		12:30								AD
TOTAL HOURS					8	8	5	3									25

NO J8
 0.5 2000
 PROCESSED

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: R. Belanger for A.A.

PP15

11449



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WORK SHEET DATE: 16, 07, 2000 Employee Name: M. Belanger Classification: SUPPORT WORKER 3 Employee 551 Supervisor: A. ALLSOPP

CLIENT NAME/FACILITY	No of days in Description	Code	MOM	TUES		WED		THURS		FRI		SAT		SUN		TOT
				TO	OP	TO	OP	TO	OP	TO	OP	TO	OP			
[REDACTED]	1	148301										2:30	3			3
[REDACTED]	9											5:30				
[REDACTED]	1	133411			10:30	12						1:30	15			3
[REDACTED]	3				11:30							2:30				
Kematel	1	133411			11:30	16										16
[REDACTED]	6				1:00											
[REDACTED]	8	132301			1:00	3			1:00	3						6
[REDACTED]	6				4:00				4:00							
[REDACTED]	1	135411	9: A	4				9: A	4							8
[REDACTED]	8				1:00				1:00							
[REDACTED]	2	131301			4:00	4										4
[REDACTED]	4				8:00											
TOTAL HOURS:					4	10	4	3	4							24

I hereby certify that the hours recorded above are true and accurate. M. Belanger

A. Allsopp

JUL-17-00 14:07 FROM: WPG C FB SW

ID: 204 8444521

PAGE 1/1

2000 0001 0002 0003 0004 0005 0006 0007 0008 0009 0010 0011 0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023 0024 0025 0026 0027 0028 0029 0030 0031 0032 0033 0034 0035 0036 0037 0038 0039 0040 0041 0042 0043 0044 0045 0046 0047 0048 0049 0050 0051 0052 0053 0054 0055 0056 0057 0058 0059 0060 0061 0062 0063 0064 0065 0066 0067 0068 0069 0070 0071 0072 0073 0074 0075 0076 0077 0078 0079 0080 0081 0082 0083 0084 0085 0086 0087 0088 0089 0090 0091 0092 0093 0094 0095 0096 0097 0098 0099 0100

11558

PAGE 02



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 23 107 1000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOPP**
 dt mn yyyy

CLIENT NAME/FACILITY	# of children	GL	MON: 17		TUES: 18		WED: 19		THURS: 20		FRI: 21		SAT: 22		SUN: 23		TOTAL HOURS
			FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:			
[REDACTED]	1	133-411	:	:	10: A	1	:	:	:	:	9: A	4 1/2	:	:	:	:	5 1/2
	4-6		:	:	11:	:	:	:	:	:	1:30	:	:	:	:	:	
Rematch	1	133-411	:	:	11: A	2	:	:	10: A	3	:	:	:	:	:	:	5
	4-6		:	:	1:	:	:	:	1:	15	:	:	:	:	:	:	
[REDACTED]	2	131-301	2:	4	:	:	:	:	:	:	:	:	:	:	:	:	4
	8		6:	:	:	:	:	:	:	:	:	:	:	:	:	:	
[REDACTED]	1	135-411	10: A	4	:	:	8:	8	:	:	1:30	4	:	:	:	:	16
	8		2:	:	:	:	4:	04:	:	:	5:30	:	:	:	:	:	
[REDACTED]	8	132-301	:	:	1:	3	:	:	1:	3	:	:	:	:	:	:	6
	6		:	:	4:	:	:	:	4:	:	:	:	:	:	:	:	
TOTAL HOURS:																	

I hereby certify that the hours recorded above are true and accurate.

A. Allsopp

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P.2



WINNIPEG CHILD AND FAMILY SERVICES SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 30 / 07 / 00
dd mm yyyy

Employee Name: **BELANGER, MARIE**

Classification: **SUPPORT WORKER 3**

Employee # **551**

Supervisor: **A. ALLSOP**

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CLIENT NAME/FACILITY	# of children	CUIDS	MON: <u>24</u>		TUES:		WED: <u>26</u>		THURS:		FRI: <u>28</u>		SAT:		SUN:		TOTAL HOURS
			Code	Sick (SK)	No Show (NS)	SMN Premium (SP)	Vacation (VAC)	Admin Time (AD)	Travel (T)	Sleep Time (ST)	No Hours Required						
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
Hematch	1	133 411	:	m	10 A	3	:	m	10 A	3	:	m	:	m	:	m	6
[REDACTED]	6		:	m	1:	m	:	m	1:	m	:	m	:	m	:	m	
[REDACTED]	8	132 301	:	m	1:	m	3	:	m	1:	m	3	:	m	:	m	6
[REDACTED]	6		:	m	4	m	:	m	4:	m	:	m	:	m	:	m	
[REDACTED]	1	135 411	10 A	m	4	:	m	8 A	m	8:	m	9 A	m	4	:	m	16
[REDACTED]	8		2:	m	:	m	4:	m	VIX	:	m	1:	m	:	m	:	m
[REDACTED]	2	131 301	2 P	m	4	:	m	:	m	:	m	:	m	:	m	:	m
[REDACTED]	4		6:	m	:	m	:	m	:	m	:	m	:	m	:	m	1
[REDACTED]	1	133 411	9 A	m	1	9 A	m	1	:	m	1:	m	3	:	m	:	m
[REDACTED]	4-6		10:	m	10 A	m	:	m	:	m	4:	m	:	m	:	m	AD
[REDACTED]			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
[REDACTED]			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
[REDACTED]			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
[REDACTED]			:	m	:	m	:	m	:	m	:	m	:	m	:	m	
TOTAL HOURS:																	39

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Belanger

Area Authorized Signature: Allyson Allsop

HW

31

PROCESSED

11636



WINNIPEG CHILD AND FAMILY SERVICES SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 06/08/00 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOP**

CLIENT NAME/FACILITY	# of children	CODES GL	MON: 31		TUES: 1		WED: 2		THURS: 3		FRI: 4		SAT:		SUN:		TOTALS
			FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	
DESCRIPTION	Contract Hours	WAGE CLASSIFICATION	Tit:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	1 6+	133411	:	m	:	m	:	m	:	m	9: A	6 1/2	:	m	:	m	6 1/2
[REDACTED]	2 4+	131301	3:	4	:	m	:	m	:	m	:	m	:	m	:	m	4
Kennetel	1 6	133411	:	m	10: A	3	:	m	10: A	3	:	m	:	m	:	m	6
[REDACTED]	8 6	132301	:	m	1:	3	:	m	1:	3	:	m	:	m	:	m	6
[REDACTED]	1 8	135-411	10: A	5	:	m	8 A	8	:	m	3:30	3	:	m	:	m	16
			3:	m	:	m	4	m	4	m	6:30	m	:	m	:	m	
TOTAL HOURS:																	30 1/2

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Belanger

Area Authorized Signature: [Signature]

PP17

11668



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 13 / 08 / 2000
dd mm yyyy

Employee Name: BELANGER, MARIE

Classification: SUPPORT WORKER 3

Employee # 551

Supervisor: A. ALLSOPP

CLIENT NAME/FACILITY	Description	CODES	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTAL HOURS	
			FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:				
[REDACTED]	1	133411	:	m	:	m	:	m	:	m	9: A	:	m	7	:	m	7	
[REDACTED]	6a		:	m	:	m	:	m	:	m	4: P	:	m	:	m	:	m	
[REDACTED]	1	135411	:	m	4: P	:	m	2	10:30	:	m	4: P	:	m	2	:	m	8
[REDACTED]	8		:	m	6:	:	m	2:30	:	m	6:	:	m	:	m	:	m	
Kematal	1	133411	:	m	10: A	:	m	3	:	m	10: A	:	m	3	:	m	6	
[REDACTED]	6		:	m	1:	:	m	15	:	m	1:	:	m	:	m	11	:	m
[REDACTED]	8	132301	:	m	1: P	:	m	3	:	m	1: P	:	m	3	:	m	6	
[REDACTED]	6		:	m	4:	:	m	:	m	4:	:	m	:	m	:	m		
[REDACTED]	2	131301	:	m	:	:	m	2:30	:	m	4	:	m	:	m	:	m	4
[REDACTED]	4		:	m	:	:	m	6:30	:	m	:	m	:	m	:	m		
TOTAL HOURS:																	31	

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: A. Allsopp

11729



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 20 / 08 / 00 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOPP**

CLIENT NAME/FACILITY	# of children	CODES CL	MON: 14		TUES:		WED: 16		THURS:		FRI: 18		SAT:		SUN:		TOTAL HOURS
			FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	FR:	Ro:	
DESCRIPTION	Contract Hours	WEEK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	1	133411	:	m	:	m	:	m	:	m	:	m	:	m	:	m	7
[REDACTED]	6	132301	:	m	:	m	:	m	:	m	:	m	:	m	:	m	6
Kamatch	6	133411	:	m	10: A	3	:	m	10: A	3	:	m	:	m	:	m	6
[REDACTED]	6	135411	2: P	2	:	m	10: A	3	4: m	3	:	m	:	m	HW	m	8
[REDACTED]	2	131301	4: m	:	:	m	1: m	4	:	m	:	m	:	m	:	m	4
[REDACTED]	4		:	m	:	m	5: m	:	m	:	m	:	m	:	m	PROCESSED	
TOTAL HOURS:				2		6		7		9		7					31

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: A. Allsopp

Rug 21 00 08:24
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PP18

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P. 02/02



WINNIPEG CHILD AND FAMILY SERVICES SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG SUPPORT/SHELTER WORKER TIME SHEET

*** TOTAL PAGE 02 ***

WEEK ENDING DATE: 27, 08, 00
dd mm yyyy

Employee Name: **BELANGER, MARIE**

Classification: **SUPPORT WORKER 3**

Employee # **551**

Supervisor: **A. ALLSOPP**

Reg: Regular Hours
O: Other Hours

Code: Sick (SK) No Show (NS) Sick Premium (SP) Vacation (VAC) Absent Time (AB) Travel (T) Sleep Time (ST) No Hours Required

CLIENT NAME/FACILITY	# of children	CODES	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTAL HOURS
			FR:	HO:	FR:	HO:	FR:	HO:	FR:	HO:	FR:	HO:	FR:	HO:	FR:	HO:	
[REDACTED]	2	131301	2: P	4													4
[REDACTED]	4		6: M														
Kernatch	1	133411			10: M	3											3
[REDACTED]	6				1: M												
[REDACTED]	1	135411	10: A	4			9: A	4			8: A	8					16
[REDACTED]	8		2: M				1: M				4: M	1/2					
[REDACTED]	8	132301			1: M	3											3
[REDACTED]	6				4: M												
[REDACTED]	1	133411							8: A	8							8
[REDACTED]	6								4: M	0/2							
TOTAL HOURS:				8		6		4		8		8					31

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: R. Bawga



WINNIPEG CHILD AND FAMILY SERVICES
 SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
 SUPPORT/SHELTER WORKER TIME SHEET

11804

WORKING DATE: 03.09.00 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: A. ALLSOI

CLIENT NAME/FACILITY	Description	CODES	MON		TUE		WED		THURS		FRI		SAT		SUN		TOTAL HOURS
			FR	TO	FR	TO	FR	TO	FR	TO	FR	TO	FR	TO			
[REDACTED]	1	133411										9:00					7.5
[REDACTED]	6-8											4:00					AD
[REDACTED]	3	132301			1:00	3:00			1:00	3:00							7.5
[REDACTED]	6				4:00				4:00								AD
Remotel	1	133411			10:00	3:00			10:00	3:00							AD
[REDACTED]	6				1:00				1:00								AD
[REDACTED]	2	131301							4:00	4:00							AD
[REDACTED]	4								8:00								AD
[REDACTED]	1	135411	10:00	3:00			8:00	9:00									AD
[REDACTED]	8						4:00	5:00									AD
TOTAL HOURS:					2	6	8	10	7								37

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: R. Bourge

PROCESSED

SEP-01-00 14:43 FROM: WPG C PS BW

ID: 204 9444621

PAGE 1/1

PP19

11839



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 10/09/00
dd mm yyyy

Employee Name: BELANGER, MARIE

Classification: SUPPORT WORKER 3

Employee # 551

Supervisor: A. ALLSOPP

CLIENT NAME/FACILITY	# of dates	CODES	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTALS
			FR:	RS	FR:	RS	FR:	RS	FR:	RS	FR:	RS	FR:	RS	FR:	RS	
DESCRIPTION	Codes	GL	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	1	133411	:	0*	:	0*	:	0*	:	0*	9: A	:	7	:	:	:	7
[REDACTED]	6-8		:	:	:	:	:	:	:	:	4:	:	:	:	:	:	
[REDACTED]	3	13230	:	:	1:	3	:	:	1:	3	:	:	:	:	:	:	6
[REDACTED]	6		:	:	4:	:	:	:	4:	:	:	:	:	:	:	:	
Remotel	1	133411	:	:	10:	3	:	:	10:	3	:	:	:	:	:	:	6
[REDACTED]	6*		:	:	1:	:	:	:	1:	:	:	:	#W	:	:	:	
[REDACTED]	2	13130	:	:	:	:	2:	4	:	:	:	:	:	:	:	:	3
[REDACTED]	4*		:	:	:	:	6:	:	:	:	:	:	:	:	:	:	
[REDACTED]	1	135411	:	:	4:	3	10:	4	4:	3	:	:	:	:	:	:	10
[REDACTED]	8*		:	:	7:	:	:	:	7:	:	:	:	PROCESSED	:	:	:	
TOTAL HOURS:					9	8		9	9	9							33

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature:

A. Allsopp

0002

NP

09/08/00 FRI 00:29 FAX 2048831101



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 24/9/2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: A. ALLSOPP

CLIENT NAME/FACILITY	# of children	CODES	MON:		TUE:		WED:		THUR:		FRI:		SAT:		SUN:		TOTAL HOURS
			TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:			
[REDACTED]	2	135411	10: A	4	6: P	2			2	4							11
[REDACTED]	8		2:		8:				6:								AD
[REDACTED]	2	131301	2: P	5													6
[REDACTED]	4		7:														AD
[REDACTED]	8	132301					8: A	8									8 1/2
[REDACTED]	6						4:	8 1/2									AD
[REDACTED]	1	133411									9: A	7					8
[REDACTED]	8										4:						AD
Kematch	1	133411			10: A	4			10: A	2							6 1/2
[REDACTED]	6				2:				12:								AD
TOTAL HOURS:																	40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: A. Allsopp

09/22/00 FRI 01:58 FAX 2048881101

11978



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 01 / 10 / 2000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Emplo

551

CLIENT NAME/FACILITY	Contract Hours	GL	MON		TUES.		WED.		THURS.		FRI.		SA
			FR:	RS:	FR:	RS:	FR:	RS:	FR:	RS:	FR:	RS:	
DESCRIPTION	CO:	WORK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	2	131301	:	m	2:	m	4:	10: A	2:	:	:	:	:
[REDACTED]	4		:	m	6:	m	12:	:	:	:	:	:	:
Kensel	1	133411	10: A	m	3:	10: A	m	4:	:	:	:	:	:
[REDACTED]	6		1:	m	NS:	2:	:	:	:	:	:	:	:
[REDACTED]	2	135411	1:	m	3:	:	:	12:	m	3:	10: 30	3:	:
[REDACTED]	8		4:	m	:	:	:	3:	:	1: 30	:	:	:
[REDACTED]	1	133411	:	m	:	:	:	:	:	:	9: A	7:	:
[REDACTED]	6		:	m	:	:	:	:	:	:	4:	:	:
[REDACTED]	1		:	m	:	HW	:	:	:	1: 30	3:	:	:
[REDACTED]	4		:	m	:	:	:	:	:	4: 30	:	:	:
[REDACTED]			:	m	:	:	:	:	:	:	:	:	:
[REDACTED]			:	m	:	:	:	:	:	:	:	:	:
[REDACTED]			:	m	:	:	:	:	:	:	:	:	:
[REDACTED]			:	m	:	:	:	:	:	:	:	:	:
[REDACTED]			:	m	:	:	:	:	:	:	:	:	:
TOTAL HOURS:				10			8		5		6		7

PROCESSED

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Belanger

[Handwritten Signature]

REP-29-00 02154 PM SHOPPERS DRUG 3344165 P.03

PP21

HW

-10- 16 2000

12051
MO=788

PROCESSED



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 10-10-2000
at with YYYY

Employee Name: BELANGER, MARIE

Classification: SUPPORT WORKER 3

Employee # 351

Supervisor: A. ALLSOFF

CLIENT NAME/FACILITY	# of children	CLASSIFICATION	MON:		TUE:		WED:		THUR:		FRI:		SAT:		SUN:		TOTAL HOURS
			FR:	HR:	FR:	HR:	FR:	HR:	FR:	HR:	FR:	HR:	FR:	HR:	FR:	HR:	
[REDACTED]	1	148-301			3	3			3	3							6
[REDACTED]	4-6				6			6	SR								
[REDACTED]	2	135411	2	4	11-A	4	3	4								1	13
[REDACTED]	12		6	3		7	5									10	
Kennel	1	133411	10	4				11-A	4								8
[REDACTED]	6		2					9	SR								
[REDACTED]	1	133411								8-A	8						8
[REDACTED]	2	131301					10-A	5									5
[REDACTED]	4						3										
TOTAL HOURS:			8	7	8	7	8	7	8								40

I hereby certify that the hours recorded above are true and accurate.

9
P. Belanger for M.A.

12055



SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 15.10.2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: A. ALLSOPP
dd mm yyyy

CLIENT NAME/FACILITY	# of children	CODES GL	MON: 09		TUES: 10		WED: 11		THURS: 12		FRI: 13		SAT: 14		SUN: 15		TOTAL HOURS
			FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	
DESCRIPTION	Count Hours	WORK CLASSIFICATION	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	
[REDACTED]	1	133411	:	08	:	08	:	08	:	08	:	08	:	08	:	08	8
[REDACTED]	2	131301	:		:		:	11	:	4	:		:		:		4
[REDACTED]	41		:		:		:	3	:		:		:		:		
Homecare	1	133411	:		:	9: A	3	:		9: A	3	:					6
[REDACTED]	6		:		:	12:		:		12:		:				HW	
[REDACTED]	2	135411	:		:	12:	3	:	3	4	12:	3	:				10
[REDACTED]	12	148301	:		:	3:		:	7	3:		:				17 2000	6
[REDACTED]			:		:	3:	3:	:		3:	3:	:				PROCESSED	
[REDACTED]			:		:	6: P		:		6: P		:					
TOTAL HOURS:							9		8		9		8				34

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Belanger

Area Authorized Signature: A. Allsopp



SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 29/10/2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: A. ALLSOPP

R1 = Regular Hours
O* = Other Hours
Codes: Sick (SK) No Show (NS) SBR Pre-abs (SP) Vacation (VAC) Adm'n Time (AD) Travel (T) Sleep Time (ST) No Hours Required

CLIENT NAME/FACILITY	# of children	CODES	MON: 23		TUES: 24		WED: 25		THURS: 26		FRI: 27		SAT: 28		SUN: 29		TOTAL HOURS
			FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:	FR:	Re:			
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	2	131301									11:30a	5					4
[REDACTED]	4										4:30a						
[REDACTED]	2	135411	12	3			4	4	1	3							10
[REDACTED]	12		3				8		4								
[REDACTED]	1	148301	3	3					4	3							6
[REDACTED]	6		6						7								
[REDACTED]	1	133411					12	4									4
[REDACTED]	4						4										
Kernatch	1	133411			12	3			10	3							6
	6				3				1								
TOTAL HOURS:				6		3		8		9		5					31

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: A. Allsopp

10-31-2000
PROCESSED



WINNIPEG CHILD AND FAMILY SERVICES
 SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

*Please check 1/27/11
 to see 10/2
 if this is a duplicate*

WORK ENDING DATE: 25 11 2000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOPP**
 dd mm yyyy

CLIENT NAME/FACILITY	# of children	CODES	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTAL HOURS	
			FR:	Reg	FR:	Reg	FR:	Reg	FR:	Reg	FR:	Reg	FR:	Reg	FR:	Reg		
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*		
[REDACTED]	1	148301	:	m	4: P	3	:	m	3: P	4	10 A	3	:	m	:	m	1	10
[REDACTED]	4		:	m	7:	m	:	m	7:	m	1:	m	:	m	:	m	AD	
[REDACTED]	2	135411	12: P	4	:	m	4: P	4	9: A	3	:	m	:	m	AD		1	11
[REDACTED]	8		4:	m	:	m	8:	m	12:	m	:	m	:	m	AD		AD	
Kernatch	1	133411	:	m	9:	3	:	m	12:	3	:	m	:	m	:	m		6
[REDACTED]	6		:	m	12:	m	:	m	3:	m	:	m	:	m	:	m		
[REDACTED]	1	133411	:	m	:	m	12: P	4	:	m	:	m	:	m	:	m		4
[REDACTED]	4		:	m	:	m	4:	m	:	m	:	m	:	m	:	m		
[REDACTED]	2	131301	:	m	12: P	4	:	m	:	m	:	m	:	m	:	m		4
[REDACTED]	4		:	m	4:	m	:	m	:	m	:	m	:	m	:	m		
[REDACTED]	1	148301	11: A	1	:	m	:	m	:	m	1:	2	:	m	:	m		3
[REDACTED]	6		12:	AD	:	m	:	m	:	m	3:	m	:	m	:	m		
[REDACTED]			:	m	:	m	:	m	:	m	:	m	:	m	:	m		
TOTAL HOURS:					5		10		8		10		5		2		2	40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Marie Belanger

Area Authorized Signature: A. Allsopp

12225



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 12 / 11 / 2000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOPP**

CLIENT NAME/FACILITY	# of children	CODES	MON: 06		TUES: 07		WED: 08		THURS: 09		FRI: 10		SAT: 11		SUN: 12		TOTAL HOURS
			FR:	Res	FR:	Res	FR:	Res	FR:	Res	FR:	Res	FR:	Res	FR:	Res	
DESCRIPTION	Contract Hours	WORLD CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	
[REDACTED]	1	148 301	12:30	3					12:30	3							6
	6		3:30						3:30	15							
[REDACTED]	3	146 301	10:30	2							10:30	2					4
	4		12:30	CAO							12:30						
[REDACTED]	2	131 301	3:30	4												4 W	4
	4		7:30													4	
[REDACTED]	1	133 411					12: P	4								4	4
	4						4:	SK								PROCESSED	
[REDACTED]	1	135 411	12:30	3	4:	4					12:30	3					10
	12		3:30		8:	SK					3:30						
Kenneth	1	133 411	9:30	3			9:30	3									6
	6		12:30				12:30										
[REDACTED]	1	148 301	3:30	3			3:30	3									6
TOTAL HOURS:	6		6:30		9	9	8		9		5						40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Marie Belanger

Area Authorized Signature: A. Allsopp

PP24

12260



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 19/11/2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: A. ALLSOPP

Codes: Sick (SK) No Show (NS) Sick Premium (SP) Vacation (VAC) Adm Time (AD) Travel (T) Story Time (ST) No Hours Required

CLIENT NAME/FACILITY	# of children	CODES	MON: 13		TUES: 14		WED: 15		THURS: 16		FRI: 17		SAT: 18		SUN: 19		TOTAL HOURS
			FR	Ro	FR	Ro	FR	Ro	FR	Ro	FR	Ro	FR	Ro	FR	Ro	
DESCRIPTION	Contract Name	WELD CLASSIFICATION	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	
[REDACTED]	1	148-301							1:30	3							3
[REDACTED]	6		N						4:30								4
[REDACTED]	2	131301						4:30	4								4
[REDACTED]	4							8:30									3
[REDACTED]	1	148-301									10:30	3					3
[REDACTED]	6										1:30						4
[REDACTED]	1	133411	D					12:30	4								4
[REDACTED]	4		a					4:30									6
Kimatch	1	133411	y		12:30	3	9:30	3									6
[REDACTED]	6				3:30		12:30										10
[REDACTED]	10	135411			5:30	3			4:30	4	1:30	3					5
[REDACTED]	3	146301			6:30				8:30		4:30						5
TOTAL HOURS:	4				12:30	15			10:30	3							35

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belange

Area Authorized Signature: A. Allsopp

11/19/2000 15:53 284892955 SUPPERS IRMS MART PAGE 02

02

12326



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

11/26/2000 15:00

204982956

SUPPORTS TRAVEL PART

PAGE 02

WEEK ENDING DATE: 26/11/2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 551 Supervisor: A. ALLSOP

REG - Regular Hours
OTH - Other Hours
Code: Sick (SK) No Show (NS) Shift Premium (SP) Vacation (VAC) Allie Time (AT) Travel (T) (Drop Time (DT) No Hours Required

CLIENT NAME/FACILITY	DESCRIPTION	# of shifts	CL. CODE	MON: 20		TUES: 21		WED: 22		THURS: 23		FRI: 24		SAT: 25		SUN: 26		TOTAL HOURS
				FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	
[REDACTED]		3	148301		10:30	2			10:30	2								4
[REDACTED]		4			12:30				12:30									4
[REDACTED]		2	131201	4:30	9:30	4												4
[REDACTED]		1	148301		12:30	3			12:30	3								6
[REDACTED]		6			3:30				3:30									6
Kennatal		1	133411	10:30	1:30	3						10:30	3					6
[REDACTED]		6			3:30	3	4	4				1:30	3					10
[REDACTED]		8-12			6:30	8						4:30	15					6
[REDACTED]		1	148301	1:30	3				3:30	3								6
[REDACTED]		6		4:30					6:30	15								6
[REDACTED]		1	133411					12	4									4
TOTAL HOURS		4						8	8	8	8	6						40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: _____



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

12374

WEEK ENDING DATE: 03.12.2000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLST**

CLIENT NAME/FACILITY	* of shifts	CODES	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTAL HOURS	
			FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro				
DESCRIPTION	Code	WORLD CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*		
<i>Kemahel</i>	1	133411	10:30m	3	:	m	:	m	:	m	10:30m	3	:	m	:	m	6	
	6		1:30p		:	m	:	m	:	m	1:30m		:	m	:	m		
[REDACTED]	1	135411	1:30m	3	:	m	4: P	4	:	m	1:30m	3	:	m	:	m	10	
	8*		4:30m		:	m	8:	m	:	m	4:30m		:	m	:	m		
[REDACTED]	2	131301	4:30m	4	:	m	:	m	:	m	:	m	:	m	:	m	4	
	4		8:20m		:	m	:	m	:	m	:	m	:	m	:	m		
[REDACTED]	3	146304	:	m	10:30m	2	:	m	10:30m	2	:	m	:	m	:	m	4	
	4		:	m	12:30m		:	m	12:30m		:	m	:	m	:	m		
[REDACTED]	1	148304	:	m	12:30m	3	:	m	12:30m	3	:	m	:	m	:	m	6	
	6		:	m	3:30m		:	m	3:30m		:	m	:	m	:	m		
[REDACTED]	1	133411	:	m	:	m	12:	m	4	:	m	:	m	:	m	:	m	4
	4		:	m	:	m	4:	m		:	m	:	m	:	m	:	m	
[REDACTED]	1	148301	:	m	3:30m	3	:	m	3:30m	3	:	m	:	m	:	m	6	
TOTAL HOURS:	6				16:30	8			16:30	8							40	

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: A. Allst

4 W
 12-11-2000

PROCESSED



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

12426

WEEK ENDING DATE: 10/12/2000
 dl mm yyyy

Employee Name: **DELANGER, MARIE**

Classification: **SUPPORT WORKER 3**

Employee # **551**

Supervisor: **A. ALLSO**

R1 = Regular Hours
 O1 = Other Hours

Codes: Sick (SK) No Show (NS) Shift Premium (SP) Vacation (VAC) Admin Time (AT) Travel (T) Sleep Time (ST) No Hours Reported

CLIENT NAME/FACILITY	No of Blocks	CODES	MON: 04		TUES: 05		WED: 06		THURS: 07		FRI: 08		SAT: 09		SUN: 10		TOTAL HOURS
			FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	TO:	OP:	
<i>Kematch</i>	1	123411	10:30 m	3							10:30 m	3					6
	6		1:30 m								1:30 m	NS					
[REDACTED]	1	135411	1:30 m	3			4	4			1:30 m	3					10
	10s		4:30 m				8				4:30 m						
[REDACTED]	2	131301	4:30 m	4													40
	4		8:30 m														
[REDACTED]	3	146301			10:30 m	2			16:30 m	2							4
	4				12:30 m				12:30 m	SK							
[REDACTED]	1	148301			12:30 m	3			12:30 m	3							6
	6				3:30 m				3:30 m	SK							
[REDACTED]	1	148301			3:30 m	3			3:30 m	3							6
	46				6:30 m				6:30 m	SK							
[REDACTED]	1	133411					12	4									4
TOTAL HOURS	4						4										40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Marie Delanger

Area Authorized Signature: [Signature]

PP-2
PP21

12472



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

WEEK ENDING DATE: 17/12/2000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOPP**
dd mm yyyy

CLIENT NAME/FACILITY	# of children	CODES (R, C, S)	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTAL HOURS
			FR:	RS:	FR:	RS:	FR:	RS:	FR:	RS:	FR:	RS:	FR:	RS:	FR:	RS:	
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	O:	TO:	O:	TO:	O:	TO:	O:	TO:	O:	TO:	O:	TO:	O:	
[REDACTED]	2	148 301	:	:	3:30m	3	:	:	:	:	9:30m	3	:	:	:	:	6
[REDACTED]	6		:	:	6:30m	NS	:	:	:	:	12:30m	SK	:	:	:	:	
[REDACTED]	3	146 301	:	:	10:30m	2	:	:	10:30m	2	:	:	:	:	:	:	4
[REDACTED]	4		:	:	12:30m		:	:	12:30m		:	:	:	:	:	:	
[REDACTED]	1	148 301	:	:	12:30m	3	:	:	12:30m	3	:	:	:	:	:	:	6
[REDACTED]	6		:	:	3:30m		:	:	3:30m		:	:	:	:	:	:	
[REDACTED]	2	131 301	:	:			4	4									4
[REDACTED]	4		:	:			8	P									
[REDACTED]	1	135 411	1:30m	3					3:30m	2	12:30m	5					10
[REDACTED]	10		4:30m						5:30m		5:30m	SK					
Kenneth	1	133 411	10:30m	3			9	A	3								6
[REDACTED]	6		1:30m				12										
[REDACTED]	1	133 411					12		4								4
TOTAL HOURS:	4																
				6		8		11		7		8					40

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: [Signature]



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

12528

WEEK ENDING DATE: 24 12 2000 Employee Name: **BELANGER, MARIE** Classification: **SUPPORT WORKER 3** Employee # **551** Supervisor: **A. ALLSOI**

R1 = Regular Hours O* = Other Hours Codes: Sick (SK) No Show (NS) Shift Premium (SP) Vacation (VAC) Admin Time (AD) Travel (T) Sleep Time (ST) No Hours Required

CLIENT NAME/FACILITY	# of children	CODES GI.	MON: 18		TUES: 19		WED: 20		THURS: 21		FRI: 22		SAT: 23		SUN: 24		TOTAL HOURS	
			FR:	R ₁	FR:	R ₁	FR:	R ₁	FR:	R ₁	FR:	R ₁	FR:	R ₁	FR:	R ₁		
DESCRIPTION	Contract Hours	WORK CLASSIFICATION	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*	TO:	O*		
Kematal	1	133411	:	m	:	m	:	m	:	m	8:	m	8:	:	m	:	m	8
[REDACTED]	6		:	:	:	:	:	:	:	:	4:		VAC	:	:	:	:	
[REDACTED]	1	135411	:	m	12:30	3	9: A	3	12:30	4	:	m	:	:	:	:	:	10
[REDACTED]	8+		:	m	3:30		12:	m	4:30	m	:	:	:	:	:	:	:	
[REDACTED]	2	131301	4:30	m	4	:	:	:	:	:	:	:	:	:	:	:	:	4
[REDACTED]	4		8:30	m	:	:	:	:	:	:	:	:	:	:	:	:	:	
[REDACTED]	3	146301	:	m	9:30	3	:	:	10:30	2	:	:	:	:	:	:	:	5
[REDACTED]	4		:	m	12:30		:	:	12:30	15	:	:	:	:	:	:	:	
[REDACTED]	1	148301	12:30	m	4	:	:	:	:	:	:	:	:	4	:	:	:	4
[REDACTED]	6		4:30		:	:	:	:	:	:	:	:	:	:	:	:	:	
[REDACTED]	1	133411	:	m	:	:	12:	m	4	:	:	:	:	:	:	:	:	4
[REDACTED]	4		:	m	:	:	4:	m	:	:	:	:	:	USED	:	:	:	
[REDACTED]	1	148301	:	m	3:30	3	:	:	:	:	:	:	:	:	:	:	:	3
TOTAL HOURS:	6				6:30													
				8		9		7		6		8						38

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: M. Belanger

Area Authorized Signature: R. Bange

1151

SUPPORT/SHELTER WORKER TIME SHEET

FARLEY, SUBROSS

WORK SHEET DATE: 26. 12. 99
dd mm yy

Employee Name: J Belanger

Employee # JJV

Supervisor: R. Bangen

REGULAR HOURS: 20 Sick (SK) 21 No Show (NS) 22 SIBN Premium (SP) 23 Vacation (VAC) 24 Adult Pass (AD) 25 Travel (T) 26 Hours Requested 10303

CLIENT NAME/FACILITY DESCRIPTION	# of children Contact Hours	CODES CH WORK CLASSIFICATION	MON: dd mm		TUE: dd mm		WED: dd mm		THUR: dd mm		FRI: dd mm		SAT: dd mm		SUN: dd mm		TOTAL HOURS
			FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	FR:	Ro	
[REDACTED]	1	143301	2: P	4													8
[REDACTED]	12		6	SK													8
[REDACTED]	3	131411					11: A	8			9: A	4					12
[REDACTED]	12						7				1						
[REDACTED]	2	144301	10: A	4					9: A	5							7
[REDACTED]	8		2	SK					2								8
[REDACTED]	6	310301			9: A	4					1: P	4					8
[REDACTED]	6-8				1: 30						5						
[REDACTED]	1	143301			1: 30	3			2	3							6
[REDACTED]	6-8				4: 30				5								
TOTAL HOURS: 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 89.5																	

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: J Belanger

Area Authorized Signature: Rita Bangen

12/21/99 17:40 2395842340344254 ARMSTRONG VITAL

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WINNIPEG CHILD AND FAMILY SERVICES
SERVICES A L'ENFANT ET A LA FAMILLE DE WINNIPEG
SUPPORT/SHELTER WORKER TIME SHEET

12528

WEEK ENDING DATE: 31/12/2000 Employee Name: BELANGER, MARIE Classification: SUPPORT WORKER 3 Employee # 55 Supervisor: A. ALLSOB

CLIENT NAME/FACILITY	CODES	MON:		TUES:		WED:		THURS:		FRI:		SAT:		SUN:		TOTAL HOURS
		FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:	FR:	TO:			
[REDACTED]	148301					8: A	8									
[REDACTED]	131901	h		h		4: A	8									
[REDACTED]	148301	o		o												
[REDACTED]	133411	h		h						8: A	8					
[REDACTED]	133411	h		h						4: A	8					
[REDACTED]	133411	h		h												
[REDACTED]	148301	h		h												
TOTAL HOURS:																24

I hereby certify that the hours recorded above are true and accurate.

Employee Signature: Belanger

Area Authorized Signature: R. Bange