



Port of Saint John
Employers Association

PSJEA/ILA BANKING OF HOURS FORM

THIS FORM MUST BE FULLY COMPLETED AND GIVEN TO THE PSJEA IN ORDER TO BANK HOURS:

Employee's Name: _____

Employee Number: _____

Have you worked more than eight (8) hours today? YES NO

Have you worked more than forty (40) hours this week? YES NO

Please bank the following:

	Date	Company	8-12	w/t	Company	1-5	w/t	Company	7-11	w/t	Company	A/N or MS	w/t
<i>EXAMPLE</i>	<i>3-Jun-23</i>	<i>DPW</i>		<i>X</i>				<i>QSL</i>	<i>X</i>				
SUN													
MON													
TUES													
WEDS													
THURS													
FRI													
SAT													

COMPANY CODE: *DP World = DPW* *Potash = POT* *QSL/Empire = QSL* *Logistec = LOG*

Employee's Signature: _____ **Date:** _____

PSJEA Signature: _____ **Date:** _____