Port of Saint John
Employers Association

PSJEA/ILA BANKING OF HOURS FORM

THIS FORM MUST BE FULLY COMPLETEDAND 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

	Date	Company	Early Start	8-12	W/T	Company	Early Start	1-5	W/T	Company	Early Start	7-11	W/T	Company	A/N or MS	W/T
EXAMPLE	***26-Jan-26***	***DPW***	X		X											
SUN																
MON																
TUES																
WEDS																
THURS																
FRI																
SAT																

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

Employee's Signature: **Date:**

Date:

PSJEA Signature: