AVRO AIRCRAFT LIMITED

Service Department

No. 31

Time Certificate

Name:
Payroll No:
Staff Payroll No:
Department No:
Work Order No:
Station:
Week Ending Friday:
Approved for Payment:

Salary / Wages to be Forwarded to:-

Name:
Street:
Town / City:
Province:
By Reg. Post:
Non-Reg. Post:

Nature of Services Performed

	Working Times For Certification			Travelling Details	
	Commencing	Finishing	Total	Date and Time of Departure From	Date and Time of Arrival
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
	Weekly Total			Total Travelling Hours	

I hereby certify that I have worked the above number of hours against the Contract enumerated above:

Company Employees Signature — Date

Certification of Time Worked on behalf of RCAF
Tech. O. or Authorized Delegate (Signature & Rank) — Date

Name: