## EXAMPLE ONLY

NORTH WEST RESIDENTIAL SUPPORT SERVICES INC TIME SHEET | Circle 1, 2 or 3 - 1 only -> 1. NDIS ( 2. INDIVIDUAL SUPPORT PACKAGE ) 3. LIFESTYLE SUPPORT

Name: LINDA IRISH Direct Service Coordinator: CHRIS WILLSHER Pay Period: 12/1/15 To 25/1/15 Client - SURNAME and FIRST INITIAL JACKSON B CAMPBELL PRIOR DOON HAMMER Date TOTAL **SHIFT TIMES** SHIFT TIMES TOTAL SHIFT TIMES SHIFT TIMES **SHIFT TIMES** 12 / 1 Monday 10-1 Cm 7.30 9.30cm 2 Tuesday 13/1 Wednesday 14/1 7-9am + 3 5em 4 Thursday 151 8-9am + 3-6pm 4 Friday 16/ 17/1 Saturday 11-2-30 Pm 2 5-7 Pm 18/1 Sunday 3 3-6 Pm 9-30-11-30am Z Monday 19/1 10.1 Pm 7.30 - 9.30cm 2 Tuesday 1/05 7.30-9.30am Wednesday 21/1 7-9 am + 3-5 pm 4 Thursday 7211 Friday 23/1 7.30-9.30 + 3-ben 5 Saturday 241 11 - 2.30 PM Sunday 2511 9.30-11.30/5/2 Kilometres - Paid if Log Sheet attached 62 62 28 28 2 5-7 Pm Sick Leave - Paid if certificate attached 9.30-11.30am Meetings - Write times and total 1.30 - 2.30 pm Phone in \$'s - Paid only if approved \$3.00 \$3 \$ 7.40 7.40 Annual Leave-Min 1 week- Approved only Expenses- Paid if receipts and Explanation \$13.10 Sheets attached (Meals \$10 Maximum) 13:10 \$4.80 4.80 Log Sheet Attached? (🗸) 2 ORDINARY HRS & MED CERTIFICATE Receipts Attached? ( FOR MEETING Receipts Explanation Sheet Attached? ( (FR, 9th) missED FOR SUN 25th Medical Certificate Attached? ( OFF LAST PAY Annual leave Approved? ( ) Phone Approved? (NBT ALAKIA Tick Applicable Attachment/Approval Above Office Only Office Only Office Only Office Only Office Only