

NORTH WEST RESIDENTIAL SUPPORT SERVICES INC TIME SHEET Circle 1, 2 or 3 – 1 only → **1. NDIS** **2. INDIVIDUAL SUPPORT PACKAGE** **3. LIFESTYLE SUPPORT**

Client - SURNAME and FIRST INITIAL	MAXWELL	F	KNIGHT	R	WRIGHT	P
Date	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL
Monday 12 / 1					9-3 pm	6
Tuesday 13 / 1	10-3 pm	5				
Wednesday 14 / 1			8.30-2.30 pm	6		
Thursday 15 / 1						
Friday 16 / 1	10-3 pm	5				
Saturday 17 / 1						
Sunday 18 / 1						
Monday 19 / 1					9-3 pm A/L	
Tuesday 20 / 1	10-3 pm A/L					
Wednesday 21 / 1			8.30-2.30 pm A/L			
Thursday 22 / 1						
Friday 23 / 1	10-3 pm A/L					
Saturday 24 / 1						
Sunday 25 / 1						
Kilometres – Paid if Log Sheet attached	87	87			20	20
Sick Leave - Paid if certificate attached						
Meetings – Write times and total	9.30-9.30 am (6 th)	1				
Phone in \$'s – Paid only if approved			\$10.15	10.15		
Annual Leave–Min 1 week- Approved only	20 th -23 rd APPROVED	10	21 st APPROVED	6	19 th APPROVED	6
Expenses– Paid if receipts and Explanation Sheets attached (Meals \$10 Maximum)	\$2.30	2.30			\$5.10	5.10
Log Sheet Attached? (<input checked="" type="checkbox"/>)			CALLS FROM MOBILE TO SWIMMING POOLS (14 th)			
Receipts Attached? (<input checked="" type="checkbox"/>)						
Receipts Explanation Sheet Attached? (<input checked="" type="checkbox"/>)						
Medical Certificate Attached? ()						
Annual leave Approved? (<input checked="" type="checkbox"/> BY CHRIS						
Phone Approved? (<input checked="" type="checkbox"/> BY LEE-ANNE						
Tick Applicable Attachment/Approval Above	Office Only		Office Only		Office Only	