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: JAN TIMMS **Direct Service Coordinator:** CHRIS WILLSHER **Pay Period:** 12/1/15 **To** 25/1/15

Client - SURNAME and FIRST INITIAL	MAXWELL	F	KNIGHT	R	WRIGHT	P				
Date	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL	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 p.m 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	9.30-9.30am (6hr)	1								
Phone in $'s – Paid only if approved			$10.15	10.15						
Annual Leave–Min 1 week- Approved only	20th + 23rd APPROVED	10	21st APPROVED	6	19th APPROVED	6				
Expenses– Paid if receipts and Explanation Sheets attached (Meals $10 Maximum)	$2.30	2.30			$5.10	5.10				
Log Sheet Attached? (✓) Receipts Attached? (✓) Receipts Explanation Sheet Attached? (✓) Medical Certificate Attached? ( ) Annual leave Approved? (✓) BY CHRIS Phone Approved? (✓) BY LEE-ANNE			CALLS FROM MOBILE TO SWIMMING POOLS (14th)							
Tick Applicable Attachment/Approval Above	Office Only		Office Only		Office Only		Office Only		Office Only	