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: LEN WELLER	Direct Service Coord	inato	r: ALARNA	3	LES	Pay Peri	od: 12/1//	5 To 2	2511/15	
Client - SURNAME and FIRST INITIAL	BELL	2	JAMES	R						
Date	SHIFT TIMES	TOTAL		TOTAL	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL
Monday ('2 / \	8:30-11:30+5-6Pm	4								_
Tuesday (3 / (3-4 Pm	i						
Wednesday زید ۱			4-7 PM	3					1. 11	
Thursday (\$\int 1\)	8.30-11.30+5-60m	¥								
Friday (6 / 1							***************************************		***************************************	
Saturday 17 /			4-700	3						
Sunday (8 / (
Monday (Q / (8.30-11.30+5-600	u							Water Committee of the	
Tuesday 20/		1	3-4 Pm	1						
Wednesday Z(/			4-7 pm	3						
Thursday 22/	8-30-11-30+5-ban	u.		1 1						
Friday 23 /		-					***************************************			
Saturday Z4/ I			4-700	3						
Sunday 251										
Kilometres – Paid if Log Sheet attached	35	35	52	52						
Sick Leave - Paid if certificate attached										
Meetings – Write times and total	9-10am (13th)	١								
Phone in \$'s – Paid only if approved										
Annual Leave-Min 1 week- Approved only										
Expenses- Paid if receipts and Explanation Sheets attached (Meals \$10 Maximum)	\$5.80	5-80	\$7.40	7.40						
Log Sheet Attached? () Receipts Attached? () Receipts Explanation Sheet Attached? () Medical Certificate Attached? () Annual leave Approved? () Phone Approved? ()			(13th 4 SOTH) EXTRA HOUR EXTRA HOUR		u u					
Tick Applicable Attachment/Approval Above	Office Only		Office Only		Office Only		Office Only		Office Only	