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

STH–01–01/01/15

Name: **Direct Service Coordinator:** **Pay Period:** / **To** /

Client - SURNAME and FIRST INITIAL										
Date	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL	SHIFT TIMES	TOTAL
Monday /										
Tuesday /										
Wednesday /										
Thursday /										
Friday /										
Saturday /										
Sunday /										
Monday /										
Tuesday /										
Wednesday /										
Thursday /										
Friday /										
Saturday /										
Sunday /										
Kilometres – Paid if Log Sheet attached										
Sick Leave - Paid if certificate attached										
Meetings – Write times and total										
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)										
Log Sheet Attached? ( ) Receipts Attached? ( ) Receipts Explanation Sheet Attached? ( ) Medical Certificate Attached? ( ) Annual leave Approved? ( ) Phone Approved? ( )										
Tick Applicable Attachment/Approval Above	Office Only		Office Only		Office Only		Office Only		Office Only	