

NORTH WEST RESIDENTIAL SUPPORT SERVICES INC STH-01-01/01/15

SHARED HOME TIME SHEET

Address of Home:	Staff Name:							Pay Period: / / To / /											
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total				
Date→																			
Morning Shift - Mon to Friday (Times)																			
Afternoon Shift - Mon to Friday (Times)																			
Evening Shift - Mon to Fri (Times)																			
Waking Shift - Mon to Friday (Times)																			
Sleep Over Allowance - Write SO																			
Split Shift Allowance - Write SS																			
Saturday - All Shifts (Times)																			
Sunday - All Shifts (Times)																			
Client Sick - Mon to Fri - Day (Times)																			
Client Pub/Holiday-All Shifts(Times)																			
Client AL/Leave-Mon to Fri - Day (Times)																			
Non-Contact - Explanation Below																			
Waking Hours(Write YES)Paid if sheet attached																			
Staff Annual Leave - Minimum 1 week																			
Meetings - (Write times)																			
Orientation - (Write times)																			
Training - (Write times)																			
Expenses in \$-Paid if receipts & sheet attached (Meals \$10 Max)																			
Travel in Km's - Paid if sheets attached																			
Sick leave - Paid if certificate attached																			
Workers Compensation																			
Overtime																			
Tick Applicable Attachment/Approval Below																			
Waking Hrs Sheet Attached? () Receipts Attached? ()																			
Receipts Explanation Sheet Attached? ()																			
Medical Certificate Attached? () Log Sheet Attached? ()																			
Non-Contact Approved? () Annual Leave Approved? ()																			
Ordinary Shift	Sat	Sun	1.5	2	SOA	S/S	KM	Phone	Rec \$	SL Ord	AL	Meet	PH 1.7	PH 2.5	Train Ord	Train Sat	Train Sun	Other	

COMMENTS

OFFICE ONLY BELOW