INTERCHANGE OUTER EAST CASUAL SUPPORT WORKER TIMESHEET   **FORTNIGHT ENDING DATE:**……..…../……..…../……..….. (Sunday)

NAME: _____   **SIGNATURE:** _____   **CLIENT/PROGRAM NAME:** _____

TICK IF P/HOL	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	P/Hol ☐	
DATE	**MON**	**TUES**	**WED**	**THURS**	**FRI**	*SAT*	*SUN*	**MON**	**TUES**	**WED**	**THURS**	**FRI**	*SAT*	*SUN*	
	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	…. / ….	
START	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
FINISH	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	**FORTNIGHT TOTALS**
TOTAL HOURS	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	hrs	**Hrs**
No of Sleepovers	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	s/o	**s/o**
KMs	km	km	km	km	km	km	km	km	km	km	km	km	km	km	**km**
Expenses	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Parent / Responsible Person Initials															
COMMENTS															

NOTE: Timesheets are due no later than Monday 10 am of pay week. Please mark pages 1 of 3, 2 of 3, 3 of 3, etc
Post to : 5-7 Yose Street, Ferntree Gully, 3156 or Fax : 9758 5899 (follow up with a phone call to 9758 5522)
Email to : timesheets@ioe.org.au (follow up with a phone call)   **PAGE** ………..... **of** ……...…..

Failure to submit a correctly filled out timesheet on time may result in your not being paid until the following pay fortnight.

Updated 7/11/18