

NAME: SIGNATURE: CLIENT/PROGRAM NAME:

TICK IF P/HOL	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>	P/Hol <input type="checkbox"/>
	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	
DATE/...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../.....	
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	
TOTAL HOURS	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	..... hrs	FORTNIGHT TOTALS
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	
KMs	..... 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 5pm 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) PAGE of

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

HAVE YOU.....

- 1

Filled in YOUR name, YOUR signature and the CLIENT/PROGRAM name.
- 2

Filled in the FORTNIGHT ENDING DATE.
- 3

Filled in the START TIME AND FINISH TIME OF YOUR SHIFT, DAILY HOURS TOTAL and then added and filled in the TOTAL HOURS for the fortnight.
- 4

Claimed for any SLEEPOVERS.
- 5

Claimed for any KMs.
- 6

Claimed for any EXPENSES and attached a receipt.
- 7

Had your timesheet initialled by the CLIENT/PARENT/GUARDIAN.
- 8

Faxed (9758 5899) or mailed (5-7 Yose Street, Ferntree Gully, 3156) your timesheet in order to meet the Monday 5pm deadline.
If faxed, have you followed this up with a phone call to check we have received them.
Late timesheets will not be accepted and will be held over until the following pay fortnight. You can send in timesheets any time during the fortnight, even if they only contain one shift.
Please mark timesheet pages 1 of 3, 2 of 3, 3 of 3 etc.