



### WEEKLY TIMESHEET

<b>NAME OF HOME:</b>	
<b>CANDIDATE NAME:</b>	
<b>POSITION:</b>	
<b>WEEK ENDING:</b>	

**PLEASE ENSURE THAT ALL THE BOXES ARE FILLED AND THE HOURS ARE REFLECTED USING THE 24HOUR CLOCK  
STATING AM OR PM. TO ENSURE CORRECT PAYMENT AND INVOICING**

	<u>DATE</u>	<u>START</u>	<u>BREAK</u>	<u>FINISH</u>	<u>START</u>	<u>BREAK</u>	<u>FINISH</u>	<u>TOTAL HOURS</u>	<u>Shift leader/manager signature</u>	KEY
MONDAY										H = Holiday
TUESDAY										S = Sick
WEDNESDAY										A = Absent
THURSDAY										U = Unpaid
FRIDAY										T = Training
SATURDAY										B = Bereavement
SUNDAY										M = maternity <input type="checkbox"/>
<b><u>TOTAL HOURS TO BE PAID:</u></b>										P = Paternity

<b>SIGNED BY HOME :</b>	
<b>JOB TITLE :</b>	
<b>PRINT NAME :</b>	
<b>DATE:</b>	

<b>SIGNED BY TEMP:</b>	
<b>PRINT NAME:</b>	
<b>DATE:</b>	

**PLEASE NOTE THAT ALL TIME SHEETS & INDIVIDUAL SHIFTS MUST BE SIGNED BY A DESIGNATED AUTHORISED PERSON/S ON BEHALF OF THE CARE/NURSING/RESIDENTIAL HOME**  
**TIME SHEETS MUST BE SUBMITTED BY 9AM EVERY MONDAY MORNING**