**WEEKLY EMPLOYEE TIMESHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Client:** |  | Client #: | **Name of Agent:****(if applicable the person managing funds on behalf of the Client)** |  |
| **Name of Employee:** |  | Employee #: | **Week Ending:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **Personal Care Hours** | **Housework hours**  | **Sleepover/Respite (circle as applicable)** | **Public Holiday** |
| **Start** | **Finish** | **Hours** | **Start** | **Finish** | **Hours** | **Start** | **Finish** | **Hours** | **worked** **Yes or No** |
| **Monday** |  |  |  |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total Hours:** |  |  |  |  |  |  |  |  |  |  |

*Please note if your worker has taken any leave (annual, sick, bereavement or alternate leave) you must complete a leave form – do not include leave hours on this timesheet*

**PLEASE ATTACH ALL RECEIPTS FOR EXPENSES/CLAIMS LISTED BELOW EXCEPT MILAGE; RECORD NUMBER OF KM TRAVELLED EACH JOURNEY.**

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| --- | --- | --- |
| **Date** | **Particulars** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Declaration by employee:** I verify that the hours on this timesheet were worked by me during the week shown above. | **Signed:** | **Date:** |
| **Declaration by client/agent:** I verify that the hours on this timesheet were worked by my employee. I accept that I am fully responsible for the management of my Personal Budget. I have complied with all of my Responsibilities in the Standard Agreement Declaration – Service Agreement. I have made, and will retain, full records supporting this claim. I will make these records available for audit on request. | **Signed:** | **Date:** |