|  |  |  |  |
| --- | --- | --- | --- |
| **Name of IF Manager:****(name of person receiving funding for home support)** |  | **Name of Agent (If applicable):** |  |
| **Name of Employee:** |  | **Fortnight Ending Date:** |  |

**PLEASE NOTE IF YOUR WORKER HAS TAKEN ANY LEAVE (ANNUAL, SICK OR STATUTORY DAY), YOU MUST COMPLETE A LEAVE FORM AND SEND IT IN WITH THIS TIMESHEET*.***

|  |  |  |
| --- | --- | --- |
| **Day of Week 1** | **DATE** | **TOTAL WORKED AND LEAVE HOURS** |
|  |  | **PC** | **HM** | **Night** | **Respite** |  |
| **MONDAY** |  |  |  |  |  |  |
| **TUESDAY** |  |  |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |  |  |
| **THURSDAY** |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |
| **SATURDAY** |  |  |  |  |  |  |
| **SUNDAY** |  |  |  |  |  |  |
|  | **TOTAL HOURS:** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |

|  |  |  |
| --- | --- | --- |
| **Day of Week 2** | **DATE** | **TOTAL WORKED AND LEAVE HOURS** |
|  |  | **PC** | **HM** | **Night** | **Respite** |  |
| **MONDAY** |  |  |  |  |  |  |
| **TUESDAY** |  |  |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |  |  |
| **THURSDAY** |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |
| **SATURDAY** |  |  |  |  |  |  |
| **SUNDAY** |  |  |  |  |  |  |
|  | **TOTAL HOURS:** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **PC** | **HM** | **Night** | **Respite** |  |
| **GRAND TOTAL - FORTNIGHT** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |

***PLEASE KEEP ALL RECEIPTS FOR EXPENSES/CLAIMS and ACCURATE RECORDS FOR NON PAYROLL CONTRACT STAFF EXPENSES.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **Full name of person/ organisation providing support (specify if respite)** | **Address and phone number** | **Date of Birth**  | **Hours worked**  | **AMOUNT** |
|       |       |       |       |       |       |
|       |       |       |       |       |      00.00 |
|       |       |       |       |       |       |
| **DATE** | **Pay expense to** | **Details of expense** | **AMOUNT** |
|       |       |                 |       |
|       |       |                 |       |
|       |       |                 |       |
| **TOTAL CLAIMED EXPENSES** | **$0.00** |

|  |  |  |
| --- | --- | --- |
| **Declaration by worker:** I hereby verify that the hours on this timesheet were worked by me during the week shown above. | Signed;       | Date:       |
| **Declaration by IF Manager (or Agent** I accept that: I am fully responsible for the management of my Personal Budget. I confirm, in relation to this claim for payment, that: the above information is a true and accurate record of the services/supports provided and or/expenses incurred, I have complied with all of my Responsibilities in the Standard Agreement Declaration – Service Agreement, all services/supports/expenses for which I have claimed payment have been incurred or accrued by me as at the date of this claim, and I have made, and will retain, full records supporting this claim. I will make these records available for audit on request.  | Signed:       | Date:       |