

NAME: _____

Pay Period: _____

To: _____

Client - FULL NAME/s (Individual or Group) (Name all Group Clients in the same column)		Total Hours	Total Hours	Total Hours	Total Hours	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Km's Only paid if Log Sheet attached						
Meetings (Write dates & times)						
Annual Leave - Min 1 week - Approved only (Write dates & times)						
Sick Leave - Paid if Certificate attached (Write dates & times)						
Orientation (Write dates & times)						
Training - Indicate NWSS training or participant specific training (Write dates & times)						
Tick Applicable Attachment/Approval		Comments	Comments	Comments	Comments	Comments
Log Sheet Attached?	()					
Receipts Attached? Pre-Approved only	()					
Medical Certificate Attached?	()					
Annual Leave Approved?	()					