

**NORTH WEST SUPPORT SERVICES INC – INDIVIDUAL AND GROUP TIME SHEET (Name all group clients in the same column)**

NAME:

Pay Period:            /            /            To            /            /

Client - FULL NAME/s (Individual or Group)		Total Hours		Total Hours		Total Hours		Total Hours
Monday /								
Tuesday /								
Wednesday /								
Thursday /								
Friday /								
Saturday /								
Sunday /								
Monday /								
Tuesday /								
Wednesday /								
Thursday /								
Friday /								
Saturday /								
Sunday /								
Km's – 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 – Write dates & times (indicate – NWSS training or participant specific training)								
<u>Tick Applicable Attachment/Approval</u> Log Sheet Attached? ( ) Receipts Attached? ( ) pre-approved only Medical Certificate Attached? ( ) Annual leave Approved? ( )	Comments		Comments		Comments		Comments	