NDIS – INDIVIDUAL SUPPORT TIMESHEETS					
STAFF NAME:	PAY PERIOD:				

		CLIENT NAME:	s/s	TOTAL HOURS:	CLIENT NAME:	s/s	TOTAL HOURS:	CLIENT NAME:	s/s	TOTAL HOURS:	CLIENT NAME:	s/s	TOTAL HOURS:
DAY	DATE	SHIFT TIMES			SHIFT TIMES			SHIFT TIMES			SHIFT TIMES		
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													
PUBLIC HOLIDAY													
LIFE													
ENRICHMENT													
HOURS													
ORIENTATION													
OVERTIME													
SLEEPOVERS													
MEETINGS													
TRAINING													
ANNUAL LEAVE													
SICK LEAVE													<u> </u>
KLM'S													<u> </u>
REC \$													
WAKE HOURS													<u> </u>
		TOTAL HOURS			TOTAL HOURS			TOTAL HOURS			TOTAL HOURS		
ATTACHMENT SHEET	TS: WAKE	HOURS SHEET()REC	EIPTS () RECEIPTS	EXPLANATION SHEET	() MED	ICAL CERTIFIC	CATE () KLM SHEET () NON C	ONTACT APPR	OVED () ANNUAL LEA	VE APPR	OVED ()

ADMINISTRATION	ADMINISTRATION	ADMINISTRATION	ADMINISTRATION