SHARED HOME TIME SHEET

NORTH WEST SUFFORT SE	KVICES INC	· ·						SHARED	HOWE THAT	LONEE									
NAME:	Pay Period:													0:					
Address of Home			Write Date under day →	Mon	Tue	s	Wed	Thurs	Fri	Sat		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning Shift	Mon-Fri	Times	not Hrs																
Afternoon Shift Mon-Fri Times not Hrs																			
ening Shift Mon-Fri Times not Hrs																			
Waking Shift	ft Mon-Fri Times not Hrs																		
Sleep Over Allowance		Write 5	50																
Split Shift Allowance		Write 5	55																
Saturday	All Shifts	Times i	not Hrs																
Sunday	All Shifts	Times i	not Hrs																
Client Sick	Mon-Fri	Day (Cover																
Public Holidays	All Shifts	Times i	not Hrs																
Client Annual Leave Mon-Fri Day Cover																			
Non-Contact – Write Explanation Below																			
Waking Hours – Paid if Waking Hours sheet attached.																			
Staff Annual Leave - Minimum 1 week																			
Meetings		Times i	not Hrs																
Orientation		Times i	not Hrs																
Training		Times i	not Hrs																
Expenses – Paid if Pre-Approved - Receipts & Explanation Sheet attached																			
Travel in Km's – Paid if Log Sheet attached																			
Sick/Leave - Paid if Certificate attached																			
Workers Compensation																			
Overtime																			
Tick Applicable Attachment/Approval										Comments									
Log Sheet Attached? () Waking Hours Sheet Attached? ()																			
Receipts Attached? Pre-Approved only () Receipts Explanation Sheet Attached? ()									()										
Medical Certificate Attached?	Non-Contac	Non-Contact Approved? ()																	
Annual Leave Approved?																			
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ORD Shift Sat	Sun	1.5	2	SOA	S/S	Km	Rec \$	SL Ord	AL	Meet	Shift	1.7	2.5			ord Shift	Sat	Sun	W/Comp

Participant