



WEEKLY EMPLOYEE TIME SHEET

Employee Name _____

NP SCCB
 IHC GCCB
 ESO *Please tick where applicable*

Week Ending Sunday (time to finish at midnight Sunday) _____

Timesheets must be submitted **EVERY WEEK** before **MIDDAY MONDAY**. If not received by this time, pays will not be processed until the following pay period.

****Please complete in 24 hour format****

If Split Shift:

ONE SERVICE ORDER PER CHILD

Date	Day	Start Time	Finish Time	Hours	*Parent Initial each shift	Start Time	Finish Time	Hours	*Parent Initial each shift	Absences/Comments	
/ /	Mon										
/ /	Tues										
/ /	Wed										
/ /	Thurs										
/ /	Fri										Total hrs
/ /	Sat										
/ /	Sun										
Total Hours						Total Hours					

*My child has received the recorded care from a nannySA employee (minimum 3hr shift required).

Please note initialling & signing this time sheet is an essential contractual requirement

Parent's Name: _____

Parent's Centrelink CRN: _____

Client signature: _____

Child's Name: _____

Child's Centrelink CRN: _____

Please note that out of pocket expenses and mileage are to be paid by the parent

Office use only

Rec'd	Submitted	Approved	Spiked	Invoiced
Initial				
Date				

NA	
NP	
12.50%	
15%	