



NURSING AND HOME CARE AGENCY LIMITED

Community Time Sheet

STAFF NAME: _____ PAY NUMBER: _____

2 WEEK PERIOD COVERING MONDAY ____ / ____ / 201__ TO SUNDAY ____ / ____ / 201__

CLIENT NAME: _____

Staff Skill Level

Highest Client Care Level

Day	Date	Actual Time In	Actual Time Out	Actual Hrs Worked	Client Signature	Allocated Hrs <small>(by case manager)</small>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL Hours Worked					TOTAL Allocated Hours	

Staff Signature: _____

PAY OFFICE ONLY

Community Weekend Kilometres Special Rate ACC
 Statutory Holiday Sick Pay Holiday / Lieu Pay Short term