



TIMESHEET

CHANGE OF ADDRESS YES NO
 (Please record new address overleaf)

EMPLOYEE NUMBER: _____
 EMPLOYEE NAME: _____
 EMPLOYEE SUBURB: _____

| LINE NO | CLIENT NO | CLIENT NAME | PROGRAM A (ADULT) OR Y (YOUNG PERSON) | SUBURB | CLIENTS SIGNATURE | TOTAL HOURS WORKED | DAY | DATE | START TIME (fill in AM or PM) | FINISH TIME (fill in AM or PM) | TYPE OF CARE R (RESPIRE) or P (PERSONAL) | TRAVEL (office use only) |
|---------|-----------|-------------|---------------------------------------|--------|-------------------|--------------------|-----|------|-------------------------------|--------------------------------|--|--------------------------|
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EMPLOYEES SIGNATURE: _____

EMERGENCY AFTER HOURS CONTACT
 Adult program 0411 480 597
 Young person program 0413 459 183

Time sheets must arrive in the office no later than 12 midday each **MONDAY**
 Posted to PO Box 3510 MANUKA ACT 2603
 or faxed to 6287 2680 or 6288 0996
 or hand delivered to: The Blaxland Centre, 25 Blaxland Crescent, GRIFFITH ACT 2603 during office hours
 or emailed to admin@tandem.org.au

TANDEM RESPITE INC

**PHONE 6288 0955 OR 6287 2870
FAX 6287 2680 OR 6288 0996**

SUPPORT WORKERS INSTRUCTIONS FOR TIME SHEET

**TIME SHEETS RECEIVED LATER THAN MIDDAY ON MONDAY OF PAY WEEK
WILL NOT BE INCLUDED IN THAT PAY.
THEY WILL BE PROCESSED IN THE FOLLOWING PAY PERIOD.
Any changes in support arrangements MUST BE authorised by a
Tandem CoOrdinator**

**In the case of the support session being cancelled within 3 hours of the expected
start time, Support workers should contact the office to ensure a cancellation
payment is made.
When a session is cancelled please write "CANCELLED" in the
"Client Signature" column.**

**In the case where the Support Worker is unable to take a meal break after a 5 hour
session due to support requirements, contact should be made with the office to
gain *authorisation* for the payment in lieu.**

**Have the client you are attending sign the time sheet, if they are over 18 years old
If the client cannot sign the time sheet, eg under 18 years old or incapacitated,
have the Primary Carer sign.
If this also is not possible please write "UTS" (unable to sign).**

**Please remember "Client Signature" column should NEVER be left blank.
If left blank it will NOT be paid**

Change of Address Details

Name:.....
Old Address:.....
Old Tel no:.....
New Address:.....
Suburb:.....Postcode:.....
Tel no:.....Mobile:.....
Email:.....
Date of Move:.....