



EMPLOYEE TIMESHEET

Payroll Period ending: _____

Employee Name: _____

Coordinator: _____

This timesheet is for all additional shifts, travel or expenses not appearing on your printed timesheet.

DATE	CLIENT	FUNDING BODY	START TIME	FINISH TIME	HOURS	SLEEPOVER (11PM-7AM) YES/NO	TRAVEL KM'S	TRAVEL DESTINATION	EXPENSES* \$	CLIENT SIGNATURE
TOTAL										

I certify that the above details are correct and accurate, and that all travel claims and expenses are pursuant to Client Support Plans.

Employee Signature: _____

Coordinator Signature: _____

All timesheets MUST be submitted to DASSI by 5pm Monday of Pay week, late timesheets will not be processed and not paid in this pay period. Return Timesheets to either:

Fairfield: Fax 03 9482 3820 582 Heidelberg Road, Fairfield VIC 3078

Ballarat: Fax 03 5332 1433 PO Box 362, Ballarat VIC 3353

* Please forward receipts and/or medical certificates with timesheet.