



P O Box 302437, North Harbour, Auckland Freephone: 0800 621 222 Fax: (09) 414 4570  
**Time Sheet for the week beginning \_\_\_\_\_ and ending \_\_\_\_\_**

Client Name: _____	Client Signature: _____
--------------------	-------------------------

Caregiver Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Caregiver Address \_\_\_\_\_

Day	Date	Activities	Start Time		Finish Time		Total Hours Worked	Tick if Level 2 included	Travel kms
			Please state am or pm		Please state am or pm				
Monday				am/pm		am/pm			
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>TOTALS</b>									

Did you work for another client this week? YES / NO (please circle one). A separate timesheet is needed for each client.

If 'YES' please write the client initials here: .....

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

L1 _____	Stat L1 .....
L2 _____	Stat L2 .....
SO _____	Stat SO .....
KMS _____	Cr Alt .....
TT _____	Stat Hol @ \$ _____ Exception .....
	Stat Hol @ \$ _____