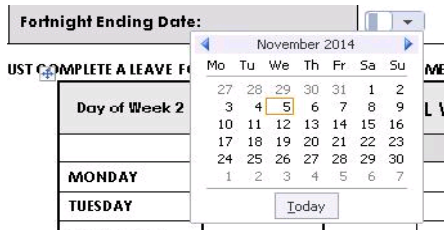


Instructions for Completing Timesheet:

- Please complete this timesheet weekly. If you are using an electronic version, you will only be able to enter information in the spaces provided, e.g. IF person, Employee name, hours. It is best to use the **TAB key** when moving from one field data to another.
- Please complete a timesheet for each employee you have who has worked that week. If your employee has not worked during this week, then you do not need to complete a timesheet unless they are on leave.
- Please enter the following: (1) Name of the IF Manager – this is the person receiving disability funding, (2) Employee Name, (3) Name of Agent, (4) Fortnight Date.

Name of IF Manager: <small>(name of person receiving funding for home support)</small>	1	Name of Agent: <small>(If applicable the person managing funds on behalf of the IF Manager)</small>	3
Name of Employee:	2	Fortnight Ending Date:	4

In the electronic version, the Fortnight Date (4) is a date picker. You only need to click the Date field to choose the appropriate fortnight date.



Tip: Clicking the "Today" button is the practical option to have a quick date entry.

- Enter all the hours worked - include any leave (annual, alternative, sick, bereavement, etc.) minus any breaks in the correct box according to the type of work completed during this fortnight (B). Leaven taken should be part of the total hours. All leave must be supported by a completed Leave Form so we can ensure that your employee's leave is paid correctly. If you are using the electronic version, total hours (fortnight and week) are automatically calculated.

Day of Week 1	DATE	TOTAL WORKED LEAVE HOURS				
		PC	HM	Night	Respite	MSD
MONDAY	3/11	4.00	4.00	8.00		
TUESDAY	4/11	4.00	4.00			
WEDNESDAY	5/11	4.00	4.00			
THURSDAY	6/11	4.00	4.00			
FRIDAY	7/11	4.00	4.00	8.00		
SATURDAY	8/11 Sick	4.00	4.00			
SUNDAY	9/11 Sick	4.00	4.00			
TOTAL HOURS:		28.00	28.00	16.00	0.00	0.00

Category	PC	HM	Night	Respite	MSD
GRAND TOTAL - FORTNIGHT	0.00	0.00	0.00	0.00	0.00

- If you are claiming any discretionary expenses or wish to pay your employee any additional wages/expenses, please complete the expenses section. Please put who you want the expenses paid to – you or your employee in the “Pay Expenses To” box. Please see example below

DATE	PAY EXPENSES TO	PARTICULARS	AMOUNT
1 Nov	Jane Doe	Mileage 100 @ \$0.70	70.00
1 Nov	Jane Doe	Admission tickets	50.00
TOTAL CLAIMED EXPENSES			\$120.00

Please note that we prefer a separate timesheet reimbursement if an expense is payable to an IF Manager or the Agent.

- If you are submitting this timesheet electronically, we will take the fact that you are emailing the timesheet as your declaration that you verify that the hours on the timesheet are a true reflection of the hours your employee has worked. If you are sending it by post or fax, please ensure both you and your employee sign the timesheet. The Employment Act requires the employer to keep employment records.

Declaration by worker: I hereby verify that the hours on this timesheet were worked by me during the week shown above.	Signed;	Date:
Declaration by IF Manager (or Agent): I hereby verify that the hours on this timesheet are a true reflection of the hours worked by my worker. If I am claiming for contract staff and/or expenses related to support received - I certify that accurate records are kept by me to reflect these payments which are to be for approved HCSS expenditure.	Signed:	Date: