



## Fixed Hours Cover Sheet

STAFF NAME: \_\_\_\_\_ PAY NUMBER: \_\_\_\_\_

WEEKLY PERIOD COVERING MONDAY \_\_\_\_/\_\_\_\_/ 200\_\_ TO SUNDAY \_\_\_\_/\_\_\_\_/ 200\_\_

Day	Date	Actual Time In	Actual Time Out	Actual Hrs Worked	Support Worker Signature	Used LB Car <small>(tick box if yes)</small>
Monday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
Tuesday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
Wednesday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
Thursday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
Friday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
Saturday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
Sunday	AM					<input type="checkbox"/>
	PM					<input type="checkbox"/>
<b>TOTAL Hours Worked</b>						

SW Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

**PAY OFFICE ONLY**

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

*Administration sign off as true and correct*

Sick Pay  Statutory Holiday  Holiday/Lieu Pay