

# Timesheet Summary Form

Support Worker Name: \_\_\_\_\_ Payroll Number: \_\_\_\_\_ Pay Period

## Timesheet Totals

Guaranteed Hours  (As per your signed agreement)

Timesheet TOTAL Hours:  **DO NOT INCLUDE**, Gaps, Holiday or Sick Hours

Number of Preprinted Timesheets attached:

Number of Manual Timesheets attached:

I request a review to increase my guaranteed hours (hours have increased for a minimum of 6 weeks)

Support Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Staff Only

Amount of Hours Invoiced:

Processors Initials

Date of Processing: \_\_\_\_\_

Timesheet Number: \_\_\_\_\_

## Missing Hours


### OFFICE USE ONLY Stat Holiday Breakdown

Description	Actual	Invoic'd	Actual	Invoic'd
Total Hours				

### OFFICE USE ONLY Stat Holiday Breakdown

Description	Actual	Invoic'd	Actual	Invoic'd
Total Hours				

Authorised by: \_\_\_\_\_ Signed: \_\_\_\_\_