



choice • passion • life

First name and Surname

Employee Number

Tick employment type

CPL Staff Timesheet - Condensed

Staff Name: _____

Employee Number _____

F/T P/T CAS

Fortnight Ending: _____

Fortnight End Date

Timesheets must be received no later than 10.00am on the Thursday after fortnight end

Deadline

	TO ENSURE CORRECT PAYMENT OF PENALTIES PLEASE USE 24 HR CLOCK				Total Hours	Sleep Over	Sleepover Awake hours	Client's Name/ House / Site	TRACCS Approved	OFFICE USE ONLY								
	Start	Finish	Start	Finish						Norm.	15%	20%	35%	S/over	Active Hrs	OT1.5	OT2	PH
Thu / 20__	6.00	11.00			5			Beenleigh Hub										
WEEK 1	16.00	10.00			6	✓	2hrs	Client -Mr Jones										
Fri / 20__	6.00	12.00	12.30	15.00	8.5			Tamar										
WEEK 1																		

Employee Signature _____

BY SIGNING THIS DOCUMENT, YOU ARE DECLARING ALL THE INFORMATION CONTAINED IS TRUE AND CORRECT

Supervisor's Signature: _____

BY SIGNING THIS DOCUMENT YOU ARE DECLARING ALL THE INFORMATION CONTAINED IS TRUE AND CORRECT

Employee must sign here

Payment will not be made without signature

Supervisor's Name: _____

Once completed send Timesheet to your local service/manager for approval and processing