PERSONAL ASSISTANT TIMESHEET

Service U	lser:
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Employee Name:

POA / Guardian:

IF APPLICABLE Authorised Signature:

Employee Signature:

WEEK 40 2024/25

Week Commencing	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total	
23-Nov-24	23	24	25	26	27	28	29		
30-Nov-24	30	1	2	3	4	5	6		
07-Dec-24	7	8	9	10	11	12	13		
14-Dec-24	14	15	16	17	18	19	20		
LEASE NOTE: BOXES ABOVE ARE FOR WORKED HOURS ONLY Total Hours Worked									
SDS FUNDED		ILF FUNDED		RESPITE		PAID	LEAVE		
HOURS		HOURS		HOURS		SICK WITH PAY (SWP) SDS ONLY			
SLEEPOVERS		SLEEPOVERS		SLEEPOVERS		SICK WITH PAY S/O (SWP) <mark>SDS ONLY</mark>			

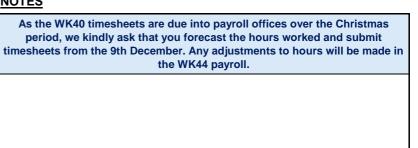
HOLIDAY HOURS HOLIDAY HOURS SLEEPOVER SLEEPOVER HOLIDAYS HOLIDAYS **IMPORTANT INFORMATION** PERIOD START **DUE TO AILN OFFICES**

OFFICIAL PAY DATE EMAIL ADDRESS POST ADDRESS



Please ensure that all timesheets for personal assistants are sent together, or sent with a note that there are more to be received. This may result in a re-run charge.

NOTES



RETAINED WITH PAY

ABSENT WITH PAY

(RWP)

(AWP)