



Worker Timesheet DSW Award

CONSUMER NAME: _____

EMPLOYEE NAME: _____

Week 1

Pay of	6.00 a.m. to 6.00 p.m.	Day rates			Evening Rates			Sleepover Tick if so
		From	To	Shift Total	From	To	Shift Total	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Please total for Week one

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Week 2

Pay of	6.00 a.m. to 6.00 p.m.	From	To	TOTAL	From	To	TOTAL	Sleepover
		Monday						
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Please total for Week Two

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Total for the Fortnight

Total ordinary		Total Penalty	Total in Sleepovers
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

This a true and accurate record of work performed
 Worker Signature _____

Service User Signature _____

*Kilometres Travelled on behalf of Service User

(*Note: Mileage Reimbursement form is required - only use this section of the form if absolutely necessary)

*Kilometres Travelled between shifts