| | |
|---|---|
| Employee: | |
| Traineeship: | Individual Support (Aged Care) |
| Ave. Fortnightly Hrs: | 30 |
| Training Day: | |

| | |
|---|---|
| Host Employer: | |
| Contact Person: | |
| Telephone: | |
| Fax: | |

| | |
|---|---|
| Customer No: | |
| Invoice No: | |

| | | HOURS WORKED | | | | | SPLIT SHIFTS ONLY | | | | ANNUAL LEAVE | SICK LEAVE | PUBLIC HOLIDAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start Time | Finish Time | Meal Break | HTA Training ONLY | Hours Worked | Start Time | Finish Time | Meal Break | Hours Worked | Total Hours | Total Hours | Hours Worked |
| **Mon** | **/ /2018** | | | | | | | | | | | | |
| **Tue** | **/ /2018** | | | | | | | | | | | | |
| **Wed** | **/ /2018** | | | | | | | | | | | | |
| **Thu** | **/ /2018** | | | | | | | | | | | | |
| **Fri** | **/ /2018** | | | | | | | | | | | | |
| **Sat** | **/ /2018** | | | | | | | | | | | | |
| **Sun** | **/ /2018** | | | | | | | | | | | | |
| **Mon** | **/ /2018** | | | | | | | | | | | | |
| **Tue** | **/ /2018** | | | | | | | | | | | | |
| **Wed** | **/ /2018** | | | | | | | | | | | | |
| **Thu** | **/ /2018** | | | | | | | | | | | | |
| **Fri** | **/ /2018** | | | | | | | | | | | | |
| **Sat** | **/ /2018** | | | | | | | | | | | | |
| **Sun** | **/ /2018** | | | | | | | | | | | | |
| | | | | **TOTALS** | | | | | | | | | |

**I certify the hours shown above are true and correct**

Employee (Trainee) Signature_____

Host Employer Signature _____

**PLEASE NOTE:** YOU MUST PROVIDE A HTA LEAVE FORM FOR **ALL LEAVE** SIGNED BY YOUR HOST EMPLOYER AND YOURSELF

**2 OR MORE CONSECUTIVE SICK DAYS REQUIRE A MEDICAL CERTIFICATE**

**TIMESHEETS MUST BE RECEIVED NO LATER THAN**
**11.00 AM MONDAY FAX TO: (08) 9273 3045**
**OR EMAIL TO payroll@amawa.com.au**

**ADJUSTMENTS/NOTATIONS**:_____