Employee:	
Traineeship:	Individual Support (Disability)
Ave. Fortnightly Hrs:	30 hours
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	KMS	HTA Training ONLY	Sleep Over/ Travel Time	Hours Worked	Start Time	Finish Time	Meal/ Sleep/ Travel	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: _____