



Employee:	
Traineeship:	Individual Support (Home Care)
Ave. Fortnightly Hrs:	30 hours
Training Day:	

Host Employer:	
Contact Person:	
Telephone:	
Fax:	

Customer No:	
Invoice No:	

		HOURS WORKED						
		Start Time	Finish Time	Meal Break	KMS	HTA Training ONLY	Sleep Over/Travel Time	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								

SPLIT SHIFTS ONLY			
Start Time	Finish Time	Meal/ Sleep/ Travel	Hours Worked

ANNUAL LEAVE	SICK LEAVE	PUBLIC HOLIDAY
Total Hours	Total Hours	Hours Worked

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: _____