

FORTNIGHTLY TIMESHEET

Name of IF Manager: <small>(name of person receiving funding)</small>	Name of Agent (If applicable):
Name of Employee:	Fortnight Ending Date:

PLEASE NOTE IF YOUR WORKER HAS TAKEN ANY LEAVE (ANNUAL, SICK OR STATUTORY DAY), YOU MUST COMPLETE A LEAVE FORM AND SEND IT IN WITH THIS TIMESHEET.

Week 1	DATE	TOTAL WORKED AND LEAVE HOURS				
		PC	HM	Night	Respite	Others
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
	TOTAL HRS:					

Week2	DATE	TOTAL WORKED AND LEAVE HOURS				
		PC	HM	Night	Respite	Others
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
	TOTAL HRS:					

Category	PC	HM	Night	Respite	MSD
GRAND TOTAL - FORTNIGHT					

PLEASE KEEP ALL RECEIPTS FOR EXPENSES/CLAIMS and ACCURATE RECORDS FOR NON PAYROLL CONTRACT STAFF EXPENSES.

DATE	Full name of person/organisation providing support (specify if respite)	Address and phone number	Date of Birth	Hours worked	AMOUNT
DATE	Pay expense to	Details of expense			AMOUNT
TOTAL CLAIMED EXPENSES					

Declaration by worker: I hereby verify that the hours on this timesheet were worked by me during the week shown above.	Signed:	Date:
Declaration by IF Manager (or Agent): I accept that: I am fully responsible for the management of my Personal Budget. I confirm, in relation to this claim for payment, that: the above information is a true and accurate record of the services/supports provided and or/expenses incurred, I have complied with all of my Responsibilities in the Standard Agreement Declaration - Service Agreement, all services/supports/expenses for which I have claimed payment have been incurred or accrued by me as at the date of this claim, and I have made, and will retain, full records supporting this claim. I will make these records available for audit on request.	Signed:	Date:

PLEASE EMAIL THIS TIMESHEET TO PAYROLL@MANAWANUI.ORG.NZ OR POST TO: PO BOX 83, ALBANY VILLAGE, AUCKLAND