

St John's Community Care Ltd

YOUNG LIFESTYLE CARE - NURSE

Employee Name: _____

Fortnight Ending: _____

	Date	Start	Stop	Start	Stop	Start	Stop	Total Hours	Sleep Overs	Comments
Friday										
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										

TOTAL:

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EMPLOYEE SIGNATURE: _____

Office Use Only

Mon-Fri Start after 12pm	Mon-Fri Start after 6pm	Mon-Fri Start after 7.30am	Sat	Sun	Pub Hols	Annual Leave	Sick Leave	Total Hours	Sleepovers (#)	Sleepover wake up 1st DSW	Sleepover wake up 2nd DSW	M/V Allowance (km)	Other Expenses \$

Coordinator Authorisation: _____