

# TEMPORARY STAFF TIMESHEET South Australia Community Care

ABN 97 007 895 703

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Client name				•••••	Si	upport v	worker n	ame				•••••	Pay	y period	ending				
Week 1													Р	assive shi	ift		O	ffice use or	nly
Day	Date	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Pass start	Pass finish	Pass start	Pass finish	Pass total	Day	A/noon	Night
Monday	/ /2018																		
Tuesday	/ /2018																		
Wednesday	/ /2018																		
Thursday	/ /2018																		
Friday	/ /2018																		
Saturday	/ /2018																		
Sunday	/ /2018																		

Week 2	Week 2											Passive shift					Office use only		
Day	Date	Start	Finish	Pass start	Pass finish	Pass start	Pass finish	Pass total	Day	A/noon	Night								
Monday	/ /2018																		
Tuesday	/ /2018																		
Wednesday	/ /2018																		
Thursday	/ /2018																		
Friday	/ /2018																		
Saturday	/ /2018																		
Sunday	/ /2018																		

Please provide reasons for activity in passive shift:	Office use only				
	W/Day		Pass W/D		
	W/Aft		Pass Sat		
	W/Night		Pass Sun		
Kilometres used (car odometer start #/finish #/total kms):	Sat		Pass P/H		
	Sun		Expenses		
	Public H		Kilometres		
Notes:	Emerg C/O				

Client signature	
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# **IMPORTANT INFORMATION ABOUT TIMESHEETS – PLEASE READ**

Decimal conversion							
Minutes	Decimal						
5	0.08						
10	0.17						
15	0.25						
20	0.33						
25	0.42						
30	0.5						
35	0.58						
40	0.67						
45	0.75						
50	0.83						
55	0.92						
60	1						

### Timesheets must be received by M<sup>c</sup>Arthur prior to 8am – Monday, Week 1 of the following roster:

#### Submit timesheet by the following methods:

 Post:
 Level 12/101 Grenfell St, Adelaide 5000

 Fax:
 08 8215 0200

Email: communitycare.sa@mcarthur.com.au

#### **Pay period runs:**

Monday (week 1) through to Sunday midnight (week 2)

#### Shift cancellation procedure:

All shift alterations or cancellations must be phoned through with adequate notice (min. 4 hours) – strictly no text or emails to be used for this purpose.

Thank you for your cooperation.

## **Additional information:**

- Only rostered shifts will be paid, unless prior written approval has been given from a member of McArthur Community Care division.
- It is the support workers responsibility to ensure shifts are completed on time.
- Only expenses that have been approved will be reimbursed.
- All motor vehicle mileage expense claims must be submitted with a start and finish odometer reading.
- Passive/active.
- In the event that a passive shift becomes active through activity or disturbance, the support worker must outline the details on the 'notes section' located on the flip side.
- Compensation will be 1 hour paid at 'active rate' per occurrence, if the support worker has three or more occurrences in one passive shift, the entire shift will be converted to 'active rate'.
- Acceptable claims for activity in a passive shift include, client is unwell, client requires medication, client requires medical attention.
- Timesheets are a true and accurate reflection of activities associated with provision of service to your client. Intentionally providing misleading information could result in termination of your employment.