



## CASUAL DIRECT CARE STAFF WORKSHEET

PO BOX 443, 3 Cranbourne Place Cranbourne 3977

Ph: (03) 59968612

- THIS FORM MUST BE RECEIVED AT WRESACARE BY WEDNESDAY NOON AFTER FORTNIGHT ENDING DATE.
- LATE PAY SHEETS WILL DELAY SALARY BEING PAID. CLIENT SHEETS MUST ACCOMPANY STAFF SUMMARY

NAME : \_\_\_\_\_ CONTACT NO \_\_\_\_\_ FORTNIGHT ENDING \_\_\_\_\_

### OFFICE USE ONLY

DATE	CLIENT/GROUP NAME	START	FINISH	TOTAL	KLM	EXP	Pay Category	Job #	Exp \$\$\$\$	Exp Job #

I CERTIFY THAT THE INFORMATION INCLUDED HEREIN IS CORRECT AND THAT THE SERVICE DELIVERY FORM HAS BEEN FILLED OUT CORRECTLY

STAFF CERTIFICATION \_\_\_\_\_ DATE \_\_\_\_\_