



Childcarer Timesheet

Client Name: _____

Name of Temporary Staff Member: _____

Client Address: _____

Week commencing date: _____

| <u>Timetable</u> | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--------|---------|-----------|----------|--------|
| Start | | | | | |
| End | | | | | |
| Total hours (Excluding lunch breaks) | | | | | |

Total Worked Hours (Mon-Fri): _____

Signed by Temporary Staff Member: _____ Date: _____

Printed Name of Temporary Staff Member: _____

Signed by Authorised Client Signature: _____ Date: _____

Printed Name of Authorised Client Signature: _____