P019 – Timesheets

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| Version | Approved: | Comments | Next review date |
| 1.0 | 01/09/2016  15/05/2020 | Review | 01/09/2019  15/05/2022 |

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| Applies to: |
| All staff |

# PURPOSE

* Timesheets are used as a reference for hours worked by First Call’s accounts department.
* Timesheets ensure that correct payment for hours worked occurs.
* Timesheets are used as a reference point by our clients as proof of service performed and for payment.
* Timesheets are used by clients in their billing, allocation of funding and reporting.

# POLICY

It is a policy of First Call Nursing that all staff adhere to the following procedure.

# PROCEDURE

## Requirements

1. Timesheets are to be sent to the office via hand delivery, fax, message photo or email by 10:30am every Monday.
2. Timesheets are to be signed by the client when the client is able, otherwise “UTS” is written i.e. unable to sign
3. Only use a BLACK pen

## Method

1. Write your name, classification and week end date at the top of the form.
2. Write the day you provide service (e.g. Mon/Tues/Wed etc.).
3. Fill in the date you provided service (dd/mm/yyyy).
4. Write the time you started and the service.
5. Write the time you finished the service.
6. If you are working in a facility and have a break please record them in the address column.
7. Write the total amount of hours worked per client.
8. If you have transported a client, write in the kilometres travelled.
9. Explain the nature of the service in the reason column (e.g. domestic/personal care/respite/social/shopping/transport etc.)
10. Fill in the client’s name and suburb. (as per example)
11. Ask the clients to sign your timesheet in the space provided.
12. If the client is unable or unwilling to sign, please write UNABLE TO SIGN or UTS. Do not sign the client’s name.
13. Sign the employee declaration at the bottom of the form.

# DOCUMENTS

F013 Timesheet

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|  |  |  |  | **F013 - Time Sheets to be in office by 10.30am MONDAYS** | | | | |  |
|  |  |  |  |  |  |  |  | **WEEK ENDING…(Sunday)…………/………/………...** | |
| **WEEKLY TIME SHEET Send By: FAX: 9602 1307 EMAIL: info@firstcallnursing.com.au TEXT a Photo to: 0408 438 902** | | | | | | | | | |
| **YOUR NAME:** | |  |  |  |  |  | **CLASSIFICATION :** | (Please circle one) **Dom/ AIN/** | **EN/ RN/ Other/** |
| Day | Date | Start | Finish | Total | Km | Reason | Client /consumer's Name | Surburb | Customer sign |
|  |  | time | time | Hrs | Exp | Where |  |  |  |
| Example |  |  |  |  |  |  |  |  |  |
| Monday | 25/02/2008 | 9.30 | 12.00 | 2.50 | 12klm | shopping | M. Brown | (Suburb only) Bonnyrigg | /////Signature////// |
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| **Employee Certification:**  I acknowledge and accept the above hours that I have worked, I understand that I am only paid kilometre rate for any client/ consumer that needs to be transported whilst in my care and for respite or day trips; the total kilometres per client/ consumer must not exceed 30kms (unless advised otherwise). I am to list where I took the client/ consumer. | | | | | | | | OFFICE USE ONLY | |
| AM | SUN |
| NIGHT | S/OVER |
| P/HOLIDAY | MILEAGE |
| SAT | OTHER |
|  |  |  |  |  |  |  |  |  | |
| **Signature……..……….…………………** | | | | All timesheets need to be in the office by 10.30am on a MONDAY otherwise your pay will be held over to the next week | | | | | |