

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Please also ensure that you have completed the declaration section overleaf, before submitting.

**Week 1**

**Week 3**

Date	Start Time	Finish Time	Total Hours	Sleepovers	Waking Nights	Date	Start Time	Finish Time	Total Hours	Sleepovers	Waking Nights
Subsistence:		Totals:				Subsistence:		Totals:			

**Week 2**

**Week 4**

Date	Start Time	Finish Time	Total Hours	Sleepovers	Waking Nights	Date	Start Time	Finish Time	Total Hours	Sleepovers	Waking Nights
Subsistence:		Totals:				Subsistence:		Totals:			

## Additional Notes and Information

Please use this space to tell us any additional information regarding the hours listed overleaf, and/or any adjustments needed for the last pay, etc.

## Declaration

This must be signed by both the employer AND employee.

**I certify that, to the best of my knowledge, the hours on this form are complete and correct. I understand that I am responsible for the accuracy of the information submitted.**

**Employer**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_