

DONEGAL CENTRE FOR INDEPENDENT LIVING – PERSONAL ASSISTANT – FAS TIMESHEET



Participant Name _____

Job Title _____

Week Ending: (Sunday) _____

Day	Start	Finish	Time Training	Daily Total	Duties/Tasks Completed Daily
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Leader/s Signature: _____ Weekly Total Hours _____

(1) _____,

(2) _____,

(3) _____

Participant (Signed) _____ Date _____

SUPERVISOR(signed) _____ Date received _____

Hrs Worked	
B/H	
A/L	
S/L Certified	
Hrs Training	
TOTAL	

PLEASE NOTE TIMESHEETS MUST BE RETURNED WEEKLY

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NOTES ON COMPLETING REVISED TIMESHEET

Participant Name	Your own name
Job Title	Your position on the project eg. PA, Reception, Admin, PR, Caretaker
Times	You must fill in a Start/Finish time, Daily total of hrs worked, Duties completed daily, The number of hrs spent training must be recorded in the training column. Bank Holidays should be recorded as B/H and under daily total 4hrs A/L & S/L should be recorded in Daily Total & last column
Signatures	Leaders, Your Own, All timesheets <u>must be DATED AND RETURNED ON A WEEKLY BASIS(COMPULSORY)</u>

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