

TIMESHEET



Period: / / To: / /

44a Southsea Cres., Silverdale, Hamilton 3216
Tel. 022-656 2889, Email. mainlymultiples@gmail.com

Family Name / Address		
Educator Name / Address		

Week 1	(Opening Hours: Mon. to Fri. 7am to 7pm, Sat. 7am to 4pm)				Leave Type
	Date	Start	Finish	Total Hrs.	
MON					
TUE					
WED					
THU					
FRI					
SAT					
Weekly Totals					

Funding Hours (office use only)				
Child 1	Child 2	Child 3	Child 4	

Week 2	(Opening Hours: Mon. to Fri. 7am to 7pm, Sat. 7am to 4pm)				Leave Type
	Date	Start	Finish	Total Hrs.	
MON					
TUE					
WED					
THU					
FRI					
SAT					
Weekly Totals					

Funding Hours (office use only)				
Child 1	Child 2	Child 3	Child 4	

We can confirm that the hours stated above are an accurate record of care worked for this period.

Family Signature: _____ Educator Signature: _____

Names of Children Attending	Date of Birth	Absence Dates/Times (incl. Kindy, Playcentre)

(Office Use Only)

ORD HRS		\$	\$		Wage Admin. Fee	\$
8% HP		\$	\$		Resource Subsidy	
3% Kiwi Saver (if applicable)		\$	\$		ECE Hours	
ACC Levy		\$	\$		Work and Income CCS	

Paid Educator Leave Type:

AL (Annual Leave), LWP (Leave Without Pay), SKA (Sick Paid), SKAU (Sick Unpaid), STAT (Public Holiday)