Calgary Family Services

200, 1000 – 8th Avenue S.W.
Calgary, Alberta T2P 3M7
Telephone: 403.205.5264
Fax: 403.205.5281

**Senior Support Worker Name:**_____

**Area:** ☐NE ☐NW ☐SE ☐SW ☐DT

**NOTE: Time sheets must be submitted at the end of each week; mailed immediately, or faxed, emailed, or dropped off at the main reception desk by Tuesday morning.**

**Week of:**_____

| Date | Client First Name and Last Name Initial (John S.) | Hazard Assessment Reviewed | Start Time | Finish Time | Total Hours | Bus Pass/ Mileage | Client's Initials | Were you Injured today? | Hazard Assessment Completed (Initials) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**Senior Support Worker's Signature:**_____

| Date | Client First Name and Last Name Initial (John S.) | Hazard Assessment Reviewed | Start Time | Finish Time | Total Hours | Bus Pass/ Mileage | Client's Initials | Were you Injured today? | Hazard Assessment Completed (Initials) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**Full Time SSW's only:**

**Client Hours:** _____

**Stat/Sick/Vacation Hours:** _____

**Transportation Hours:** _____ **(Maximum of 2 Hours)**

**Sub-total:** _____ **(Must equal 35 Hours)**

**Meeting Hours:** _____

---

**Grand Total Hours:** _____

**Total Mileage:** _____