

RECORD OF SERVICE	PLEASE COMPLETE ONE RECORD OF SERVICE PER FAMILY
CLIENT NAME:	EMAIL TO: finance@justfamilypayroll.com.au
CLIENT ADDRESS:	
NANNY NAME:	DATE OF FORTNIGHT ENDING:
NANNY ADDRESS:	

MORNING SHIFT					AFTERNOON SHIFT				NIGHT SHIFT		
ATTENDANCE WEEK 1	Start Time	End Time	Lunch Break Start & End Time	Total Hours MS	Start Time AS	End Time AS	Dinner Break Start & End Time AS	Total Hours AS	Start Time NS	End Time NS	Total Hours NS
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

TOTAL	HOURS	MORNING	SHIFT	AFTERNOON	SHIFT	TOTAL HOURS NIGHT SHIFT
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ATTENDANCE WEEK 2	Start Time	End Time	Lunch Break Start & End Time	Total Hours MS	Start Time AS	End Time AS	Dinner Break Start & End Time AS	Total Hours AS	Start Time NS	End Time NS	Total Hours NS
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

TOTAL	HOURS	MORNING	SHIFT	AFTERNOON	SHIFT	TOTAL HOURS NIGHT SHIFT
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Signed by Client _____ Initialed _____ Date _____

Signed by Nanny _____ Initialed _____ Dated _____

Office Use Only: Finance/Payroll _____ Invoice # _____ Date _____

Payroll Service Hours:	ORD		PH		A/L		S/L		1.5		Allowances	
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