

- QUEENSLAND
- NSW
- VICTORIA
- NT
- SA
- WA
- TASMANIA

Family Name: _____ CCB% _____ Carer's Name: _____

Child's Name: _____ School Age: Y / N Week Ending: / / 200

Day	Time In	initials	Time Out	Initials	Time In	Initials	Time Out	Initials	Std Hrs	Non Std	Totals
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
Sun											
Totals											

Child's Name: _____ School Age: Y / N Week Ending: / / 200

Day	Time In	initials	Time Out	Initials	Time In	Initials	Time Out	Initials	Std Hrs	Non Std	Totals
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
Sun											
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Child's Name: _____ School Age: Y / N Week Ending: / / 200

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Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
Sun											
Totals											

Parent's Signature: _____ Date _____ Carer's Signature: _____

Parent to initial each occasion in and out of care and sign at the end of the claim period to confirm attendances
It is an offence under the Crimes Act to provide false or misleading information on this document

Important – Please Read

1. CHARLTON BROWN® is required by the Legislation to maintain a record of “attendance” for each child in the care of CHARLTON BROWN® I.H.C. or its employees.
2. This Attendance Sheet is a legal record and remains the property of CHARLTON BROWN® I.H.C. at all times. Please feel free to keep a copy for your information, but originals **must** be returned to CHARLTON BROWN® I.H.C.
3. This attendance sheet is to be completed by the child/children’s parent or guardian and forwarded to the CHARLTON BROWN® I.H.C. head office.

Email to: wages@charltonbrown.com.au

Fax: (07)3221 6855.

Post: Level 2, 20 Wharf St, Brisbane, 4000

4. Each Monday-to-Sunday table is to record attendance details for **each child in care over the Monday to Friday week**. This entire Attendance Sheet, however, may be used to record 4 weeks care for one child, or one week’s care for 4 children, or any combination of weeks and children.
5. This Attendance Sheet is also the CHARLTON BROWN® Carer timesheet.
6. For prompt processing of your This Attendance Sheet does not replace or remove the requirement for the CHARLTON BROWN® I.H.C. Carer to complete a timesheet.
7. Please contact the CHARLTON BROWN® I.H.C. Service (07) 3221 3855 if you have any questions or wish to discuss any aspect of your I.H.C. placement.

Office Use Only

<input type="checkbox"/> Payroll	<input type="checkbox"/> CCMS	<input type="checkbox"/> MYOB
<input type="checkbox"/> Date	<input type="checkbox"/> Date	<input type="checkbox"/> Date
<input type="checkbox"/> By	<input type="checkbox"/> By	<input type="checkbox"/> By

Carer timesheets entered __ / __ / __ _____

All carer timesheet hours have been checked against Attendance Record hours __ / __ / __ _____

All original copies of Attendance Sheets have been received __ / __ / __ _____

Total Child Care Benefit Amount Claimed \$ _____ __ / __ / __ _____