

Worker Payment Record

Group Name: _____

Term:

Finance Rep: _____

Names	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11		
Fitness Instructor(s)													
1													
Caregivers													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
Enter number of caregivers each week													

Notes:

Caregivers and fitness instructor must sign/initial a hard copy of this this form **each week** to confirm attendance
Submit this form (hard copy, with signatures), at the end of each term.