**Project Reference CE 2024601CL0085414 Sponsor Name: Westmeath C.I.L.**



**Location of Project: Main Street, Kinnegad, Co Westmeath N91 PC96**

**Supervisor: Una Reilly**

**Note: The Participants must record time in & out each day and initial the entry**

**The Supervisor must counter sign entries on a weekly basis in box provided.**

**The attendance sheet must be available to any DSP official on request.**

**Westmeath Centre For Independent Living Ltd.**

**DSP. P.A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week-ending Friday \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Arrived at** | **Depart at** | **Location** | **Total Hrs.** | **Breaks** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |

**Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funded by Department of Social protection**

\* Note - 1. A daily rest period of 11 consecutive hrs per 24 hrs, A weekly rest period of 24

consecutive hrs per 7 days following a daily rest period.

 2. A 15-minute break required if working 4.5 hrs

 3. A 30-minute break required if working 6 hrs

**\*\* Sections for breaks must be completed daily to indicate that the above is being adhered to indicating**

**you are receiving entitlements.**