Mid/Far North Office
19 Homestead Road, Kerikeri 0230
Phone: (09) 401 6657
Out of Area: 0800 729 787
Email: hsnwageskk@homesupport.co.nz

Home Support North Charitable Trust

Whangarei Office
7A First Avenue, Whangarei 0110
Phone: (09) 430 2090
Out of Area: 0800 832 383
Email: officewhg@homesupport.co.nz

WEBSITE: www.homesupport.co.nz

COVID-19 WAGE SUBSIDY CLAIM FORM

Support Worker Name		f/e
Signature /Type Name here:		
If you have a Healthline Certificate – please supply a copy. Healthline **0800 611 116**		Attached Yes ☐ No ☐
Period of isolation	From:	To:

The Service we provide to Clients (with exception to some Homecare only / shopping that can be done by family / respite supervision) is considered essential Services and Support Workers are required to work unless advised otherwise by the office **OR** for one of the reasons below.

1. Over 70 years self isolation.
2. Medical reasons - compromised immunity – supply medical certificate / register with Healthline to obtain a valid certificate.
3. You travelled from overseas and were / are in 14 day isolation.
4. You had contact with someone suspected of having or being in contact with COVID-9 and advised by Healthline to self isolate for 14 days.
5. You are caring for someone with COVID-19 – must register with Healthline and obtain a valid certificate..
6. Loss of work hours:
   6 a - Client self isolating/Client choice.
   6 b - Client only receives low level support not being provided, as advised by the office only.
7. No Childcare - talk to Robert or Employee Support Team.
8. Live with compromised people - talk to Robert or Employee Support Team.

There is more than one way to claim and pay staff due to COVID-19 disruption. To do this accurately we need to collect the relevant information from you.

If you have chosen self isolate (to not work) and none of the above reasons apply to you – you will need to talk to us about what other options are available (ie Annual Leave, Alternative Days etc.).

If you have been given replacement hours / Clients or are still working expected hours – there is no additional payment and you do not need to complete this form.

IN ALL INSTANCES YOU MUST NOTIFY THE OFFICE OF ANY CHANGES TO YOUR ROSTER or CLIENTS INCLUDING ANY CHANGES THAT AFFECT YOU

From the numbered List above – please indicate which applies to you & attach any supporting documentation you may have. Not Selected

Additional notes

*Please turn over and list all the work / shifts you were rostered to do that you **DID NOT** work. You will need to complete this form each pay period– including if you are a Remote Worker.*

*Please list your clients / shifts you **DID NOT WORK** in the order you would visit each day.*
If you worked some shifts and not others in column (reason) please put relevant number to show why:
6.a = Client Self isolation 6.b = Low level supports not provided to Client (as advised by office)
OR - leave blank if it was any reason from 1 to 5 as listed on page 1.

PLEASE CONTINUE TO COMPLETE TIMESHEETS & REMOTE WORKER FOR ALL HOURS WORKED

Monday					Tuesday					Wednesday					Thursday				
Date:																			
Client ID	Hours	Start Time	Except Travel time only	Reason	Client ID	Hours	Start Time	Except Travel time only	Reason	Client ID	Hours	Start Time	Except Travel time only	Reason	Client ID	Hours	Start Time	Except Travel time only	Reason
Total Unworked Hours			0.00		Total Unworked Hours			0.00		Total Unworked Hours			0.00		Total Unworked Hours			0.00	

Friday					Saturday					Sunday				
Date:														
Client ID	Hours	Start Time	Except Travel time only	Reason	Client ID	Hours	Start Time	Except Travel time only	Reason	Client ID	Hours	Start Time	Except Travel time only	Reason
Total Unworked Hours			0.00		Total Unworked Hours			0.00		Total Unworked Hours			0.00	

Email form to Payroll

Save Form

0.00

WHERE POSSIBLE – WE ARE ASKING ANYONE WHO CAN TO SCAN AND EMAIL FORMS – THUS REDUCING THE NEED TO HANDLE PAPER.
Don't worry if you can't we are ok for you to still send paper – please wash your hands before completing any paperwork. THANK-YOU.