



TIMESHEET
-Input correct dates and times -Not valid unless signed by permanent staff member

Return Timesheets by 10am Monday for prompt payment of wages

Timesheets not completed properly or any omissions may result in the payment of your wage being delayed.

CUSTOMER DETAILS		WORKERS DETAILS	
Hospital Name:		Name:	
Hospital Address:		Role:	
		Signed:	
		Week End Sunday:	

HOURS WORKED

Day	Date	Start Time	Finish Time	Ward Name	Break Time	Hours Worked Total	Authorised by	Reason for Overtime	Client Signature
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Sleep In									
TOTAL HOURS									

TO BE COMPLETED BY THE CLIENT - CLIENT INFORMATION ONLY

I certify that the hours worked by the above named employee of Tempcare Personnel Ltd are correct as shown and the work performed was done satisfactorily. I am aware and agree to the Terms and Conditions of Business. We agree to pay hours worked within an agreed period.

Signed:		Print Name:	
Position:		Date:	