Weekly Time Sheet

Time sheets to be submitted by midday each Monday



Week ending.....

Hospital Sign Off Start Finish Meal **Total Hrs** (less meal Signature Day Date Hospital Ward time time Break Name break) (mins) (please print) Mon Tues Wed Thurs Fri Sat Sun

Employee signature.....

Employee name.....

- Time sheets must be signed by member of hospital staff at the end of the shift with the name of the person signing off clearly printed.
- Meal break is available 5 hours after commencement of shift Please enter **NMB** if not taken..
- Time sheets will **not** be processed unless signed by Hospital representative:

Access Nursing Agency, Suite 202/Level 2, 144 Marsden Street, NSW 2250 Phone: (02) 9415 8003 Email: admin@amsnursing.com.au SMS: 0418 906 849 www.amsnursing.com.au