

**WEEKLY TIME SHEET**

Week Ending \_\_\_\_\_

Surname \_\_\_\_\_ I hereby certify that the below hours are correct

First Name \_\_\_\_\_ Employee Signature \_\_\_\_\_


YOU MUST COMPLETE ALL THIS SECTION							
Day	Date	Time Started	Time Finished	Unpaid Break Time (minutes)	Hours Worked (minus breaks)	Name of Facility, Kilometres, Comments etc	Signature of RN in charge
Mon							
Tue							
Wed							
Thur							
Fri							
Sat							
Sun							
<b>TOTAL HOURS WORKED</b>						<b>ROUND TO NEAREST 1/4 HOUR</b>	
<b>PLEASE FILL IN NEXT WEEKS AVAILABILITY ON THE BACK</b>							

**AVAILABILITIES**

Week Ending \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

**PLEASE TICK** 

**THE APPROPRIATE BOXES TO INDICATE NEXT WEEK'S AVAILABILITY**

Day	AM	PM	ND
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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**CONTACT DETAILS**

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