

**TIME SHEET**

Ref.#: \_\_\_\_\_

Employee Name : \_\_\_\_\_

Hospital/Home \_\_\_\_\_

Job Title : \_\_\_\_\_

Address \_\_\_\_\_

Employee No : \_\_\_\_\_

\_\_\_\_\_

DAY	DATE (dd/mm/yy)	SHIFT (24 hr.Clock)		BREAK TIME	TOTAL HRS. WORKED	CLAIMED HOURS (IN WORDS)	CLIENT/NURSING HOME AUTHORISATION	
		START	END				NAME	SIGNATURE
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
<b>TOTAL HOURS:</b>								

**Confirmation of Client/Nursing Home**

I confirm the above details are correct to the best of my knowledge and I am authorised to sign this time sheet.  
I understand that if knowingly authorise any false information that may result in disciplinary action and I may be liable to prosecution & civil recovery proceedings.

Sign : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Company Name: \_\_\_\_\_

Date :

**Declaration of Employee**

I confirm the above details are correct to the best of my knowledge. I understand that if knowingly provide any false information that may result in disciplinary action and I may be liable civil recovery proceedings.

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

Date : \_\_\_\_\_

All sections must be completed.

Employee must submit their white copy to Time 5 Recruitment & Training Office on or before each Sunday to process the payment.