

Weekly Time Sheet (NO TIMESHEET ON TIME, NO PAY)

SUBMIT BY **SUNDAY MIDNIGHT**: timesheet@startnursingservices.com.au otherwise payment cannot be processed

“Every service should be signed by the client, NOK or manager at the end of the service”

“If your temperature is equal or greater than 37.5 or if you have flu like symptoms, you are not allowed to attend to your client”

EMPLOYEE'S NAME		EMPLOYEE'S SIGNATURE	
EMPLOYEE'S POSITION	<input type="checkbox"/> RN <input type="checkbox"/> EEN <input type="checkbox"/> AIN/ CSW <input type="checkbox"/> ADMIN <input type="checkbox"/> DOMESTIC <input type="checkbox"/> YARD MAINTENANCE		

DAY	DATE	CLIENT NAME / FACILITY	WARD (if applicable)	SHIFT START (24 hr. clock e.g.,0800)	SHIFT FINISH (24 hr. clock e.g.,2000)	MEAL BREAK (MINUTES)	TOTAL HOURS WORK (LESS MEAL BREAK)	Record your temperature before service	If NO flu like symptoms, ✓	CLIENT / SUPERVISOR SIGNATURE
MONDAY	----/----/---- ----/----/----									Signature
TUESDAY	----/----/---- ----/----/----									Signature
WEDNESDAY	----/----/---- ----/----/----									Signature
THURSDAY	----/----/---- ----/----/----									Signature
FRIDAY	----/----/---- ----/----/----									Signature
SATURDAY	----/----/---- ----/----/----									Signature
SUNDAY	----/----/---- ----/----/----									Signature
Total Hours										

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