

TIMESHEET

Name:	<input type="checkbox"/> AIN	<input type="checkbox"/> EN	Drop Points for Timesheets: 1. Shop 1/637 Pittwater Rd. DEE WHY NSW 2099 2. Email: qmns@qmns.com 3. Email: qmns@live.com 4. Fax: 9972 9038	Bank Details : (Complete only if changes occur)		
Week Ending (Sunday) / /2017	<input type="checkbox"/> RN	<input type="checkbox"/> EEN		BSB No.	Account No.	
	<input type="checkbox"/> GSO	<input type="checkbox"/> ADMIN		Account Name:		

Day	Date	Start Time	Finish Time	Meal Break	Hours Worked	I/C	M/B	Workplace/Patient	Authorised Signature	Availability Next Fortnight			
										Date	AM	PM	ND
Mon													
Tue													
Wed													
Thu													
Fri													
Sat													
Sun													
Total Hours													

I certify that this is a true record of the hours worked for the week. **Signature:** _____ **Date:** _____

Note: Wages will be paid direct to your nominated Bank Account on Thursday following the working week. Please email or fax to 9972 9038 your completed timesheets early in time for payroll processing every Monday at 1400hrs. Timesheets received late will be processed the following week.

Comments:

PLEASE ENSURE YOUR TIMESHEET REFLECTS YOUR ACTUAL WORKED HOURS AND TALLIES WITH THE ATTENDANCE BOOK