

PO Box 299
St Ives NSW 2075

QUALITY MEDICAL NURSING SERVICES

Ph 1300 458 188
Fax 9972 9038

TIMESHEET

Name: _____
 Week Ending (Sunday) _____ / _____ /20

AIN RN GSO

Drop Points for Timesheets:
 1. Shop 1/637 Pittwater Rd. DEE WHY
 2. Email: qmns@qmns.com
 3. Email: qmns@live.com

Bank Details :
 (Complete only if changes occur)

BSB No. _____ Account No. _____

Account Name: _____

Day	Date	Start Time	Finish Time	Meal Break	Hours Worked	I/C	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 16:00hr. 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