

PO Box 299
St Ives NSW 2075

QUALITY MEDICAL NURSING SERVICES

Ph 1300 458 188
Fax 9972 9038

TIMESHEET

Name:	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)
Week Ending (Sunday)	/ /20		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