



Time Sheet

Fax: (02) 8790 6456

Email: info@medifast.com.au

Name: _____ Grade/Year: _____ Week Ending: _____

DAY	DATE	HOSPITAL FACILITY	WARD UNIT DEPT	START TIME	MEAL Y/N	FINISH TIME	HOURS WORKED	I/C	Manager / In Charge / Client	
									NAME	SIGNATURE
MON				:		:				
TUE				:		:				
WED				:		:				
THU				:		:				
FRI				:		:				
SAT				:		:				
SUN				:		:				
P/H				:		:				
TOTAL HOURS WORKED										

Work week starts Monday morning and ends Sunday night duty

Timesheets must be faxed no later than **10am Mondays in order to be paid on Thursday**

** *Timesheets **MUST** be signed by Authorised Hospital staff and Employee before any payments can be made***

Availability		Enter date below the day and mark the box with a X for the shift you are available													
	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	
DATE															
AM															
PM															
ND															
Additional Info:															