

TIMESHEET

SURNAME: _____ FORENAME: _____ PPS No.: _____

NURSE: PIN No.: _____ MTA RSF OTHER:

DAY	DATE	HOSPITAL/CLIENT	SHIFT WORKED	HRS	WARD/DETAILS	SIGNED BY PERSON IN CHARGE		PRINT NAME AND TITLE	
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									

**TIMESHEETS MUST BE RECEIVED BY TLC BEFORE 1.00 PM EVERY MONDAY IF PAYMENT REQUIRED ON FRIDAY OF SAME WEEK.
 FAX TO 061-424796 OR BY EMAIL TO: TLC.timesheets@registerednurses.com OR BY AN POST OR PUT IT THROUGH OUR LETTERBOX**

Statutory Entitlement under the OWTA

Employees are entitled to:

A 15 minute break if working 4.5 hours.

A 30 minute break if working 6 hours.

I DECLAIR THAT THE ABOVE INFORMATION IN RELATION TO DAILY AND WEEKLY HOURS WORKED IS CORRECT AND THAT I HAVE RECEIVED MY STATUTORY ENTITLEMENTS: YES / NO

EMPLOYEE SIGNATURE; _____ DATE: _____