Nurses Around The Clock Pty. Ltd.

ABN 69 103 857 012

Nursing Care - Around The Clock

TIME SHEET

REF: C:\DATA - MASTER\DATA - NAC CURRENT 2005 - 2009\NAC TIMESHEETS.DOCM

To ensure payroll accuracy and efficiency check that both you and the person in charge on your shift have signed your timesheet. Timesheets **must be** completed and signed by **all** Health Care Facilities you work at.
Please fax to 9419 5093 **before** 4:00 pm each Monday. Failure to do so may cause delays in your pay.

Name Of NAC Staff Member: ……. ……..
First Name Family Name

Day	Shift Date	Name of Health Facility	RN/EN/ AIN/KH	Shift Start	Shift Finish	Break (Min)	Pay Hours	Print Name of Registered Nurse	Signature of Registered Nurse
Mon									
Mon									
Tue									
Tue									
Wed									
Wed									
Thurs									
Thurs									
Fri									
Fri									
Sat									
Sat									
Sun									
Sun									

Date:……..

NAC Staff Member Signature:……..

Level 3, Suite 17, 56 Neridah Street, Chatswood NSW 2067
Tel. 9419 5062 Fax. 9419 5093