

TIMESHEET

SURNAME: _____ FORENAME: _____ PPS No.: _____ TEL. No.: _____

NURSE: PIN No.: _____ MTA RSF HCA: SCA CARER

DAY	DATE	HOSPITAL/CLIENT	SHIFT WORKED	HRS	WARD/DETAILS	SIGNED BY PERSON IN CHARGE	PRINT NAME AND TITLE

TOTAL HRS WORKED

TIMESHEETS MUST BE RECEIVED BY TLC BEFORE 1.00 PM EVERY MONDAY IF PAYMENT REQUIRED ON FRIDAY OF SAME WEEK.

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 DECLARE 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: _____

