



TIME SHEET

Staff Name:	Name of the Facility:
Position:	Address of the Facility:
Week Ending Sunday:	Section / Ward / Department:

Did you work in multiple facility? Please circle **YES** **NO**

Day	Date	Start Time	Finish Time	Less Lunch	Total	Red Zone Y/N	In charge Y/N	Supervisor's Initial
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Please calculate to the nearest ¼ hour.
Every 12 hrs. shift there is 1-hour unpaid break.

Important Note:

Please advise Brightstar Nursing Australia immediately of any changes to the job description including duties, location, etc.

Declaration:

- I have worked the hours as stated.
- No injuries were sustained by me.
- There have been no changes to the job description.

Client Authorisation:

- I accept the firm's Terms & Conditions of Business.
- The hours stated on this timesheet are correct.
- The assignment was fulfilled to my satisfaction.
- There have been no changes to the job description.

Staff Signature:

Submit completed timesheet by Sunday 6:00pm.
E: accounts@bsnaustralia.com.au