

Facility Name: _____

SIGNING ON / OFF TIMESHEET

Please do not sign off until your shift is finished. All shifts must be signed off by client. Incomplete or illegible timesheets may result in no payment.

| Date | Full Name Please Print | Wing | CN, RN, EN, AIN, CHEF, KH, CLEAN | HOURS OF DUTY | | | |
|------|---------------------------|------|--|--------------------------|---------------------------|-----------------------------|-----------------------------------|
| | | | | Start Time 24hr Clock | Finish Time 24hr Clock | Unpaid Breaks 24hr Clock | Total Worked Hours Exc. Breaks |
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| SHIFT VERIFICATION | |
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| Authorised by Facility Manager / RN / Supervisor | |
| Name of Supervisor | Signature |
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Please email this approved timesheet to SNS. Our payroll processing starts on Monday each week.

Phone: (08) 6558 5585

Email: hello@sns.group

Web: www.sns.group