

# Timesheet



Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Client: \_\_\_\_\_

To be completed by the candidate. Please note that we can only accept one timesheet per shift for each organisation.

Day	Date	Start time	Finish time	Break start time	Break finish time	Total hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Totals</b>						

<b>Client authorisation signature</b>		<b>Date:</b>	
<b>Print name:</b>		<b>Position:</b>	
<p>I am an authorised signatory of the above-named client. I am signing to confirm that the job profile title and band of agency worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form and by any Medical Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I understand and agree to Medical Staffing's <a href="#">terms of business</a>. A standard introductory fee will be charged if the candidate is taken on full time or allowed to change agencies.</p>			

<p>I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any Medical Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.</p>	
<b>Candidates signature:</b>	
<p><b>Fraud &amp; Corruption Alert</b> Please note, any questionable time sheets will be investigated and maybe considered for fraud investigation.</p>	

Email [timesheets@librahealth.com.au](mailto:timesheets@librahealth.com.au)

Deadline --/--/----