

Employee Details	Name		Email	Phone
	Employee ID		Classification	Employer
			RN2	
Onsite Manager Details	Name		Email	Phone
Work Location	Area	Facility	Manager's Signature	

Fortnightly Time Sheet

--/--/---- to --/--/----

Total Fortnight Hours

Date	Mon	Tues	Wed	Thur s	Fri	Sat	Sun	Mon	Tues	Wed	Thur s	Fri	Sat	Sun
	26/09	27/09	28/09	29/09	30/09	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10
Public Holiday (mark with PH)														
On-Call (mark with an * if on-call for that day)														
Over Time (mark with OT)														
Worked Time Please mark "meal break" times here too	In													
	Out													
	In													
	Out													
Hours Rostered														
LEAVE TAKEN A = Annual Leave B = Leave Without Pay (LWOP) C = Sick Leave (no med cert) D = Sick Leave (with med cert)	Type													
	Hours													
Total Hours Worked														

Employee Signature

I certify these details are correct
 Deadline for submitting your timesheet is
 Your **manager** must sign / approve your timesheet each fortnight.
 You are responsible for sending your **approved** and completed time sheet to Timesheets@librahealth.com.au