

**Daily Sign-On-Off
Time Sheet**



Suite 5, Level 3, Strathfield Plaza
STRATHFIELD NSW 2135

FAX: 02 9764 1610

IMPORTANT NOTE: Staff must sign in & sign out as verification of actual attendance.

Day: _____ **Date:** / / 2012

Unit/Location: _____

Please Print

Only sign on arrival

Only sign on departure

	Print Name	Approved Shift Hours	Start Time	Signature	Finish Time	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Morning Staff to fax to Global Office each morning for the previous days roster – after night shift sign off