

**ON CALL Only
Staff Timesheet**

Fax: (02) **9764 1610**



Global
Disability & Health Care Services

Suite 5, Level 3
Strathfield Plaza
STRATHFIELD
NSW 2135

Tel: 1800 009 292

IMPORTANT NOTE: Timesheets MUST be received by 5.00 PM Monday after worked period

Week Commencing: Monday / / 2012

Name: _____ Signature: _____

ON CALL ALLOWANCE SECTION

Please Print

Please use 24 hour clock time below

Day	Date	Day (eg Mon)	Customer	Start Time	Finish Time	Hours	Signature
1	/ /12						
2	/ /12						
3	/ /12						
4	/ /12						
5	/ /12						
6	/ /12						
7	/ /12						
<i>Do not include paid on duty hours with this customer – out of hours on call only</i>			TOTAL HOURS				

TELEPHONE CALL ALLOWANCE SECTION

Day	Date	Day (eg Mon)	Notes	Time	No. Calls	Signature
1	/ /12					
2	/ /12					
3	/ /12					
4	/ /12					
5	/ /12					
6	/ /12					
7	/ /12					
8	/ /12					
<i>Lodge weekly with your time sheet</i>			TOTAL CALLS			

When actually "called out" record the times on your normal time sheet so that your shift rates can be logged into the system.