

# Timesheet, Availability & Pre-bookings



**IMPORTANT NOTE: Timesheets MUST be received by 5.00 PM Monday**

Week Commencing:     /     / 2012

Fax: (02) **9764 1610**

Suite 5, Level 3 Strathfield Plaza  
STRATHFIELD NSW 2135  
Tel: **1800 009 292**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please Print

Please use 24 hour clock time below

Day	Date	Organisation	Unit	Start Time	Finish Time	Meal Break	Total Hours	* In - Charge	Supervisor's Signature
Mon	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tues	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wed	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Thurs	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fri	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sat	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sun	/ /12					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

All In Charges must be initialled

Week One     /     /2012				Next Fortnight's Availability & Pre-Booked shifts:		Week Two     /     /2012			
	AM	PM	Night				AM	PM	Night
Mon				<b>Please ensure you list your:</b> * availability and, * pre-booked & self booked shifts in the boxes provided  If you are In Charge a supervisor must initial besides the "yes" check mark. All timesheets must be signed. Shifts worked must correspond with the workplace sign-in book.		Mon			
Tues						Tues			
Wed						Wed			
Thurs						Thurs			
Fri						Fri			
Sat						Sat			
Sun						Sun			