

# Timesheet, Availability & Pre-bookings

**NEWCASTLE**

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



Week Commencing: / / 2010

Fax: (02) **9764 1610**

Unit 2, 2 Market Street  
NEWCASTLE NSW 2300  
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	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tues	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wed	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Thurs	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fri	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sat	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sun	/ /10					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

All In Charges must be initialled

Week One / /2010

Next Fortnight's Availability & Pre-Booked shifts:

Week Two / /2010

	AM	PM	Night	Please ensure you list your: * 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.		AM	PM	Night
Mon					Mon			
Tues					Tues			
Wed					Wed			
Thurs					Thurs			
Fri					Fri			
Sat					Sat			
Sun					Sun			