

AHS STAFF TIME SHEET

(NB. THIS TIME SHEET TO BE SIGNED BY AHS STAFF ONLY)

FACILITY:

This is to certify that the following temporary employees have satisfactorily worked the hours stated. The information on this form being the basis for calculating our charge to you, you are requested to check it carefully.

CLIENT'S SIGNATURE: DATE:

PLEASE FAX TO US BY 9 A.M. MONDAY (INCL. PUBLIC HOLIDAYS!) FAX: (08) 9388 3578

	Name	Desig	Day	Date	Start	Finish	Break	Hrs	AHS Employee Signature*	Certified by Client (Initials)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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16										
17										
18										
19										
20										

* AHS STAFF CONFIDENTIALITY UNDERTAKING

Your signature on this timesheet signifies that you are fully aware that you continue to be bound by the undertaking of strict confidentiality you entered into on registering with AHS. The unauthorised release of Resident or confidential information concerning this facility or the discussion of such could lead to you no longer being employed by ATLANTIC HEALTHCARE SERVICES.



ATLANTIC

HEALTHCARE SERVICES

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