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45 Coronation Street North Perth WA 6006

Phone: (08) 9388 3577
Fax: (08) 9388 3578

ATLANTIC STAFF TIME SHEET

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 out carefully.

Client's Signature: ______________________________ **Date:____/____/______**

PLEASE FAX TO US BY 9.00AM MONDAY (INCLUDING PUBLIC HOLIDAY!)

FAX: (08) 9388 3578

	NAME	Desig	Day	Date	Start	Finish	Break	Hours	ATLANTIC STAFF Signature	Certified by Client (Initials)
1										
2										
3										
4										
5										
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*** ATLANTIC 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 Agency, Atlantic Healthcare & Therapy Services. 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 AGENCY, ATLANTIC HEALTHCARE & THERAPY SERVICES.

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Agency Health Services Pty. Ltd. ABN 20 283 840 158