

Nursing Staff Australia Pty. Ltd.

ABN 21 159 427 700

“A Commitment to Care”

WEEKLY TIME SHEET

First Name: **Last Name:** **Signature:**

Please ensure ALL columns are recorded accurately and the Registered Nurse in charge has signed your timesheet upon completion of each shift. Incomplete timesheets may delay your pay. NSA pay period is Monday to Sunday with the payroll being processed every Wednesday. Please ensure we receive all timesheets no later than Monday to prevent delays in processing your pay.

Day of Week	Date of Shift	Facility Name:- (Full name of facility and ward)	Position: RN AIN GSO	Shift Start Time	Shift Finish Time	Gross Hours Worked	Meal Break (Mins)	Net Hours Worked	In Charge (RN's Only) Y/N	All Medication Administered And Signed (RN Initial)	Print Name of RN In Charge during Shift	Signature of RN In Charge during Shift
Mon												
Tue												
Wed												
Thurs												
Fri												
Sat												
Sun												

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