



Please make sure this timesheet is completed and signed by supervisor and forwarded to us at Greater Healthcare Services no later than 10:00 am on Monday.

Candidate Name		Location	
Client Name		Unit	
Type of work		Week Ending(Sunday	
Responsible to		Handover given	Yes/No

Day	Time started	Break	Time Finished	Total hours worked	Signed by client representative
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

**Total Hours Worked:**

Client Authorization  
 Please check the time sheet is correctly out by signing. I am authorized to sign this time sheet. I am signing below to confirm the named above agency worker hours filled above are accurate. I understand that if knowingly authorize false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments on the candidate:

**Candidate declaration**

I declare that the information I have given on this form is correct and complete and I have not claimed additional hours elsewhere for the same shift. I understand that if knowingly authorize false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date: \_\_\_\_\_