

AGENCY TIME SHEET

27 BREWER STREET PERTH. PHONE: 9427 7551 FAX: 9427 7560
 Email timesheets@myflexhealth.com.au

Client / Facility Name:		Details:										
No	Staff Name <small>(First name, Last name)</small>	Staff No.	Designation	Date <small>(DD/MM/YY)</small>	Area	Start <small>am/pm</small>	Finish <small>am/pm</small>	Break	Hours	Sign In	Sign Out	Administration Signature
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
<p>Signing In - I am injury free at the time I sign in to start the shift. If I do have an injury, I have reported it to the RN on duty prior to commencing work. If I have not yet received an induction for this site I will request on prior to commencing my shift.</p> <p>Signing Out - I can confirm that I have received a site induction prior to the commencement of my shift. I have not incurred any injury during my shift. If I have incurred an injury, I have informed the RN on Duty and My Flex Health International prior to leaving the facility.</p>							<p>Please Fax or email timesheets daily</p> <p style="color: red;">By signing this timesheet, you are confirming that you have abided by the MOU terms and conditions to provide a site induction to any MFHI staff that had worked on site.</p> <p>_____</p> <p>Nursing Administration Signature</p>					