

TIMESHEET

Day	Date	From (24h)	To (24h)	Shift Duration (Hrs)	Break Taken (Hrs)	Hours Worked Minus Break (Hrs)	Sleep-In?	Authorised Signatory*	Comments
Mon	/ /	:	:				<input type="checkbox"/>		
Tue	/ /	:	:				<input type="checkbox"/>		
Wed	/ /	:	:				<input type="checkbox"/>		
Thu	/ /	:	:				<input type="checkbox"/>		
Fri	/ /	:	:				<input type="checkbox"/>		
Sat	/ /	:	:				<input type="checkbox"/>		
Sun	/ /	:	:				<input type="checkbox"/>		
TOTAL (Hrs)									

Rytebridge Staff Name: _____

Rytebridge Staff Signature: _____

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Client/Facility Name: _____

Client Signature: _____

Client Authoriser Name: _____

Position: _____

**I am an authorised signatory for my employer or department. I am signing above and providing my initials to confirm that the shift date & timings are accurate, I approve payment and I accept Rytebridge terms of business.*

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