



Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Service: \_\_\_\_\_

	Date	Start Time	Finish Time	Sleep in	Break	Hours	Authorised name	Authorised signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

						<b>Total Hours</b>		
--	--	--	--	--	--	--------------------	--	--

Please sign to confirm total hours worked.

**Staff signature:**

I affirm that the information in my timesheets is accurate and honest.  
 I understand the importance of recording true hours worked and tasks completed.  
 Falsifying or misrepresenting this information is a serious violation that may lead to disciplinary action, including termination. I also recognise that errors can impact payroll and company operations. I commit to the accuracy and honesty of my timesheets.  
**Incorrect or incomplete timesheets will not be processed for payment.**

Tera Healthcare timesheet



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