TIMESHEET

NAME: _____ **DATE:** _____

Pay cycle is Monday to Sunday. Timesheets **MUST be signed and received by no later than Monday 5pm for payment Tuesday. Timesheets not received by this time, unfortunately will not be able to be processed until the following week.*

LOCATION	DATE	TIME COMMENCED	TIME FINISHED	BREAK	HOURLY RATE ($)	TOTAL HOURS

***Note**: This section **must** be completed if you have worked a shift that differs in any way to what was confirmed*

NAME OF SUPERVISOR: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

REASON: _____

CHANGE OF DETAILS *(only if applicable)*	
ADDRESS:	
BANKING	**SUPERANNUATION**
NEW ACCOUNT NO.:	NEW FUND:
BSB:	MEMBERSHIP NO.:
ACC NAME:	

Candidate signature certifies:

- *That the details entered on this timesheet are true and correct*
- *That you have read and accept Australian Medical Placements Terms and Conditions*

CANDIDATE SIGNATURE: _____ **DATE:** _____

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