Email:
Fax:
Phone

Staff Timesheet

STAFF NAME: _____ **DESIGNATION:** _____ **ID NUMBER:** _____ **STATE:** _____

DATE	CLIENT NAME	ACTIVE / INACTIVE	START	MEAL BREAK	FINISH	TOTAL HOURS	INCIDENT FREE* (Initial)	COMMENTS	CLIENT SIGNATURE (If applicable)

* By initialling this box and signing this timesheet, you acknowledge that your shift was free from incidents, accidents or injury. Please notify us of any near misses.

STAFF SIGNATURE: _____

PLEASE COMPLETE ALL COLUMNS TO ENSURE YOU ARE PAYED CORRECTLY If unsure please ask the office for assistanc