



## Weekly time sheet

Employer:	Employee:
Manager:	Week Commencing:

Date	Day	Time In	Lunch Start	Lunch End	Time Out	Hours
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
					Total Hours	

**Employee: 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 to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any Recruit Meds authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Manager: I am an authorised signatory of the above-named client. I am signing to confirm that the Job Profile, Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment.** I understand that if I knowingly provide false information this may result in disciplinary action, and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form and by any Recruit Meds authorised body for the purpose of verification

Manager signature: \_\_\_\_\_

Date: \_\_\_\_\_