



**AMS
NURSING
AGENCY**

Weekly Time Sheet

Time sheets to be submitted by
midday each Monday

Employee name.....

Week ending.....

| Day | Date | Hospital | Ward | Start time | Finish time | Meal Break (mins) | Total Hrs (less meal break) | Hospital Sign Off | |
|-------|------|----------|------|------------|-------------|-------------------|-----------------------------|-------------------|---------------------|
| | | | | | | | | Signature | Name (please print) |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |

Employee signature.....

- Time sheets must be signed by member of hospital staff at the end of the shift with the name of the person signing off clearly printed.
- Meal break is available 5 hours after commencement of shift – Please enter **NMB** if not taken. All AIN’s are required to take a break after 5 hrs
- Time sheets will **not** be processed unless signed by Hospital representative: