



partners in people

EMPLOY • PARTNER • DEVELOP • MANAGE

Client

Please fax to 07 3238 0888
Before 0900 Monday after the fortnight ends

Client Authorisation

By signing this form you are verifying that the hours stated are correct. Signature of this timesheet shall be deemed as acceptance of the AWX Pty Ltd terms of business.

Name (Please Print) Classification

Signature Location

Candidate Authorisation: By signing this timesheet I certify that the below hours are correct. I agree that any payment due to me may be adjusted by setting off any overpayment made in a prior period should my timesheet not agree with payments already paid. I understand that fees will not be paid unless the client (direct supervisor) has signed this timesheet.

Table with columns: DATE, DAY, WARD, ALLOWANCES, SHIFT (MORNING, Night, AFTERNOON, WEEKEND, P/HOLIDAY), START, LESS: BREAK, FINISH, TOTAL, Supervisor Print, Supervisor Sign. Includes a note: Please read Client Authorisation clause above before signing.

Please Note: All personal injuries, accidents, near misses and dangerous events or clinical incidents must be reported to AWX on the 07 3238 0800 within 24 hours of the incident occurring, no matter how serious or minor, this is a legal requirement.

Unable to make it to work? You are required to contact your host hospitals nominee to notify them of sick leave at least 2 – 4 hours prior to shift commencement. Then to notify your nurse mentor or AWX on 07 3238 0800

Summary table with columns: Office Use Only, Morning, Afternoon, Night, Saturday, Sunday, Public Holiday 150, Public Holiday 250. Includes a row for Total hours.

\*\*\*\*\* Please ensure that timesheets are submitted within 2 weeks of date worked to ensure timely payment\*\*\*\*\*