



**WEEKLY RECORD OF HOURS WORKED - NEW SOUTH WALES**

**NAME OF NURSE:** \_\_\_\_\_ **WEEK ENDED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NSW HEALTH FACILITY:** \_\_\_\_\_

DAY	DATE	SHIFT		ROSTERED HOURS	OVERTIME HOURS	RECALL			ADO RDO SL	TOTAL HOURS WORKED	COMMENTS
		START	FINISH			START	FINISH	HOURS			
Monday	/	:	:			:	:				
Tuesday	/	:	:			:	:				
Wednesday	/	:	:			:	:				
Thursday	/	:	:			:	:				
Friday	/	:	:			:	:				
Saturday	/	:	:			:	:				
Sunday	/	:	:			:	:				

**Total Hours Worked for Week:**

Employee: \_\_\_\_\_  
*Signature*

Authorised by: \_\_\_\_\_  
(Line Manager) *Signature*

Name & Position: \_\_\_\_\_  
(Line Manager) *Please Print*

**FAX TO 07 5593 3522 NO LATER THAN 10AM TUESDAY AFTER WEEK END.**  
Please ensure that this timesheet shows actual hours worked (not only rostered hours) including accrued days off, rostered days off, swapped shifts, sick days, leave without pay, overtime and recall hours.  
**PLEASE ENSURE TIMES & DATES ARE ACCURATE AND RETURN BY FAX.**

RDO: Rostered Day Off    ADO: Accrued Day Off    OT: OverTime    LWOP: Leave Without Pay    SL: Sick Leave



WEEKLY RECORD OF HOURS WORKED - NEW SOUTH WALES

NAME OF NURSE: Jane Smith

WEEK ENDED: 25 / 07 / 2010

NSW HEALTH FACILITY: Bathurst Base Hospital

DAY	DATE	SHIFT		ROSTERED HOURS	OVERTIME HOURS	RECALL			ADO RDO SICK	TOTAL HOURS WORKED	COMMENTS
		START	FINISH			START	FINISH	HOURS			
Monday	19 / 07	7:00	15:30	8		:	:			8	
Tuesday	20 / 07	7:00	15:30	8		21:15	23:15	2		10	
Wednesday	21 / 07	13:30	22:00	8		01:30	04:30	3		11	
Thursday	22 / 07	22:45	07:15	8		:	:			8	
Friday	23 / 07	11:00	21:30	8	2	:	:			10	
Saturday	24 / 07	:	:			:	:		ADO		
Sunday	25 / 07	:	:			:	:		RDO		
<b>Total Hours Worked for Week:</b>										<b>47</b>	

Employee: Nurse Signature  
*Signature*

Authorised by: Line Manager Signature (eg. NUM, DON)  
*Signature*

Name & Position: Name & Position of Line Manager  
*Please Print*

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**SAMPLE NSW PAYS LIP**

Name: Jane Smith RN

Number: 20124

Payslip Number: 2

YTD=Year To Date  
Totals to this date

**SUMMARY OF EARNINGS THIS PAY**

Rate X Hours Value	Allowances Before Tax	Deductions Before Tax	Taxable Income
3588.72	689.87	0.00	4248.59
Tax	Allowances After Tax	Deductions After Tax	Nett Pay
1274.00	0.00	9.00	2965.59

YTD Gross	8497.18
YTD Taxable	8497.18
YTD Tax	2548.00
YTD Nett	5931.18

Superannuation paid by employer

Company Superannuation	This Pay	YTD
Super Guarantee F.S.S	341.53	341.53

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Pay Method
E.F.T.

Pay Description	Rate	Units	Amount	Allowances	Amount
Normal	32.43684	76.00	2465.20	Pre Tax Allow	
PT Cas Load 10%	3.24358	72.00	233.54	A: Term Pay Cas	205.43
Penalties 15%	4.86553	54.75	266.39		
Penalties 50%	16.21842	1.25	20.27		
Penalties 75%	24.32763	16.00	389.24		
Overtime x 2	64.87368	3.30	214.08		
Pre Tax Allow					
C.C.M.B.	10.80000	9.00	97.20		
In Charge Hosp	37.64000	9.00	338.76		
Laundry Nurse	.12868	76.00	9.78		
Unif/Card Nurse	.19473	76.00	14.80		

8.33% casual loading on all shifts worked + 10% on day shift

Pay Rate	Employee Classification	Leave & A.D.O. Balances
1232.60	Registered Nurse	

Pay Period Dates	Deductions	Amount	Disbursement Details
Start 23/07/2007	Post Tax Ded	9.00	062-000 12384749 2965.59 N
End 05/08/2007	Staff meals F/N		
Pay Date 08/08/2007			HECS: N

Employer Messages

Company Name: Greater West Area Health ABN: 88 018 692 002