



WEEKLY RECORD OF HOURS WORKED - NEW SOUTH WALES

NAME OF NURSE / MIDWIFE: _____ **WEEK ENDED:** ____ / ____ / ____

NSW HEALTH FACILITY: _____

DAY	DATE	SHIFT		WARD	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 / MIDWIFE: Jane Smith

WEEK ENDED: 25 / 07 / 2011

NSW HEALTH FACILITY: Bathurst Base Hospital

DAY	DATE	SHIFT		WARD	ROSTERED HOURS	OVERTIME HOURS	RECALL			ADO RDO SL	TOTAL HOURS WORKED	COMMENTS
		START	FINISH				START	FINISH	HOURS			
Monday	19 / 07	7:00	15:30	General	8		:	:			8	
Tuesday	20 / 07	7:00	15:30	ICU	8		21:15	23:15	2		10	
Wednesday	21 / 07	13:30	22:00	Theatre	8		01:30	04:30	3		11	
Thursday	22 / 07	22:45	07:15	General	8		:	:			8	
Friday	23 / 07	11:00	21:30	ED	8	2	:	:			10	
Saturday	24 / 07	:	:				:	:		ADD		
Sunday	25 / 07	:	:				:	:		RDO		

Total Hours Worked for Week:

47

Employee:

Nurse Signature

Signature

Authorised by:
(Line Manager)

Line Manager Signature (eg. NUM, DON)

Signature

Name & Position:
(Line Manager)

Name & Position of Line Manager

Please Print

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