



WEEKLY RECORD OF HOURS WORKED - QUEENSLAND

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

QLD HEALTH FACILITY: _____

DAY	DATE	SHIFT		WARD	HOURS WORKED	IC / OC / OT / PHARM / NMB	COMMENTS	AUTHORISED BY
		START	FINISH					
Monday	/	:	:					
Tuesday	/	:	:					
Wednesday	/	:	:					
Thursday	/	:	:					
Friday	/	:	:					
Saturday	/	:	:					
Sunday	/	:	:					

Total Hours Worked for Week:

IC = In Charge OC = On Call OT = OverTime PHARM = Pharmacy NMB = No Meal Break

Employee: _____

Signature

Authorised by:
(Line Manager) _____

Signature

Name & Position:
(Line Manager) _____

Please Print

FAX TO 07 5593 3522 NO LATER THAN 2PM MONDAY AFTER WEEK END.
Please ensure details are correct before filling in as alterations need to be authorised and confusing amendments may lead to a delay in your receiving payment. PLEASE ENSURE TIMES & DATES ARE ACCURATE AND RETURN BY FAX.



WEEKLY RECORD OF HOURS WORKED - QUEENSLAND

NAME OF NURSE / MIDWIFE: Jane Smith RN

WEEK ENDED: 25 / 07 / 2011

QLD HEALTH FACILITY: Doomadgee Base Hospital

DAY	DATE	SHIFT		WARD	HOURS WORKED	IC / OC / OT / PHARM / NMB	COMMENTS	AUTHORISED BY
		START	FINISH					
Monday	19/07	Day Off	:				Rostered day off	
Tuesday	20/07	14:30	23:00	General	8	Pharm - 1hr; OC - 23:00-07:15		
Wednesday	21/07	07:00	15:30	Pharmacy	8	Pharmacy - 8 hours		
Thursday	22/07	22:45	07:15	General	8	IC		
Friday	23/07	Day Off	:			OC - 07:00-15:30	Recalled: 08:00 - 09:30 (1.5hrs)	
Saturday	24/07	22:45	07:15	General	8.5	NMB		
Sunday	25/07	22:45	07:15	General	8			

Total Hours Worked for Week: 40.5

IC = In Charge OC = On Call OT = OverTime PHARM = Pharmacy NMB = No Meal Break

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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