

			p									
TOTAL HOURS												
EXCLUDE BREAKS												

I confirm that the information of hours Lead and Grade are correct and agreed for payment

TOTAL HOURS (In Words)	
AUTHORISED SIGNATURE:	NAME: (Please print)
POSITION HELD:	DATE:

Staff in charge Full Name **Staff in charge Signature:**

Date I am authorised signatory for my ward, department/ Nursing home/ Residential Home. I am signing to confirm that the job profile, title and band of agency worker and the hours that I am authorising are accurate and I approve payment. I understand that if I knowingly provides false information this may result in legal action and I may be liable for prosecution and civil recovery proceedings.

Name of Worker (print) **Signature of worker** **Date**

I declare the information is correct and if I knowingly provide false information I may be prosecuted for fraud and civil recovery proceedings.

No Signed Time Sheet no pay.