

**Daily Sign-On-Off  
Time Sheet**



Suite 5, Level 3, Strathfield Plaza  
STRATHFIELD NSW 2135

**FAX: 02 9764 1610**

**IMPORTANT NOTE: Staff must sign in & sign out as verification of actual attendance.**

**Day:** \_\_\_\_\_ **Date:** / / 2012

**Unit/Location:** \_\_\_\_\_

*Please Print*

*Only sign on arrival*

*Only sign on departure*

	Print Name	Approved Shift Hours	Start Time	Signature	Finish Time	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Morning Staff** to fax to Global Office each morning for the previous days roster – after night shift sign off