



DOCTORS SECRETARIAL AGENCY

TEMP TIME SHEET

Temporary's First Name _____
Last Name _____

Table with 6 columns: DATE, DAY, START TIME, LUNCH / BREAKS, FINISH TIME, TOTAL. Rows for Saturday through Friday and a TOTAL row.

[] Assignment Ongoing

[] Assignment Completed

Approved by: _____ Practice Name: _____
Name: _____
Address: _____
Position: _____ Phone: _____

We verify that the above details are correct. Verification of this timesheet by way of signature of an authorized party signifies acceptance of the above details and the Terms & Conditions of Business of Doctors Secretarial Agency

It is the responsibility of the temp to ensure this timesheet is signed by the appropriate Supervisor and is received by Doctors

PLEASE ENSURE YOU COMPLETE ALL RELEVANT SECTIONS, HAVE THE TIMESHEET AUTHORISED, THEN SCAN AND EMAIL TO DOCTORS SECRETARIAL AGENCY timesheets@dsagency.com.au NO LATER THAN THE FRIDAY AFTERNOON OF THE WEEK WORKED.

Secretarial Agency by the Friday afternoon of the week worked. Payment will not be made until this is adhered to.