



DOCTORS SECRETARIAL AGENCY

TEMP TIME SHEET

Temporary's Name _____

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

Assignment Ongoing

Assignment Completed

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

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

PLEASE HAVE THIS TIMESHEET AUTHORISED AND FAXED OR SCANNED AND EMAILED TO DOCTORS SECRETARIAL AGENCY ON (03 9853 4672) OR DANIELLE@DSAGENCY.COM.AU NO LATER THAN THE FRIDAY AFTERNOON OF THE WEEK WORKED

It is the responsibility of the temp to ensure this timesheet is signed by the appropriate Supervisor and is received by Doctors Secretarial Agency by the Friday afternoon of the week worked. Payment will not be made until this is adhered to.