

Payroll Employee Number

This number is found
On your payslip under your
Name and address

Employee Name:

(In Block Caps Only)

Occupation:

(In Block Caps Only)

Mobile Phone:

Facility Name:

Week Starting: ___/___/___ **Week Ending:** ___/___/___
(Saturday) (Friday)



Allied Health Professional Timesheet

Timesheets available at
www.cplhealthcare.com

Payroll Fax 0818 365 101
Payroll Phone 0818 365 102

Date of Shift	Day	Start Time	Finish Time	Break	On Call	Sessional		Total Hours Worked (Excluding Breaks)	New Patients (No.)	Manager – Signature	Manager Name (In Block Caps Only)
						Start	Finish				
	Sat					AM:					
						Second Physio:					
						PM:					
	Sun					AM:					
						PM:					
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										

N.B. Timesheets must be filled in **CORRECTLY** to process payment. Cut off is **Friday 10pm** for payment into account on Friday.

NOTES:

Employee Signature:

Total Hours Worked:
(Excluding breaks)

No. of Winter Beds:

No. of Ante-Natal Classes: