Practice Reception and Nursing staff

Employee Name: Payroll Dates:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Contracted hours per fortnight :

Northam (hours) : \_\_\_\_\_\_

**PLEASE NOTE:** When travelling between practices, hours are to be calculated on arrival at the new location (travel time included in first location)

Toodyay (hours) : \_\_\_\_\_\_

Aboriginal Health (hours) : \_\_\_\_\_\_

Narrogin (hours) : \_\_\_\_\_\_

Wheatbelt GP Network (hours) : \_\_\_\_\_\_

Additional hours worked:

Reasons why additional hours were worked and detail who authorised this work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total hours worked**

Saturday (to be paid at time and a half): hours\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Saturday (to be paid at time and a half): hours\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

|  |  |
| --- | --- |
| Employee Signature: | Date: |
| Line Manager Signature: | Date: |
| Manager Title: | |