

Employee Name: _____ Employee Number: _____



GAIA
HEALTHCARE

Client	House / Ward	Date of Shift	Day	Start Time	Finish Time	Break Taken	Total Hours Worked	Supervisor, Ward Managers or Team Leaders Name	Signature
			Mon						
			Tues						
			Wed						
			Thurs						
			Fri						
			Sat						
			Sun						

All timesheets must be received by Gaia Healthcare no later than 10:00AM MONDAY. A separate timesheet is required for each client / ward.

Email timesheets to : timesheets@gaihealthcare.co.nz PH: 027 375 7499

Notes:

Staff Declaration: (NB Fraudulent recording is a criminal offence and may lead to legal action being taken against you).

1. I declare that all above details are correct and accurate
2. **I declare that I have documented above my total hours worked in this pay period with all employers.**
3. I acknowledge all responsibilities undertaken by me as per the Gaia Healthcare Handbook.

Client Declaration:

1. I confirm that the above details are correct, and the employee has completed these hours satisfactorily
2. I agree to all Terms of Business including payment for the above hours.

Signature: _____ Date: _____

Signature: _____ Date: _____