White		Office		Name:					
Yellow		Staff							-ffi -
Pink		Client		Job Title:					affing S
								_	2
Approved Swift Staffing Group				T				7 ~	5
				Week Ending	g:				
					3.				
Day	Date	Establishment	Ward	Hours From	Break	Worked To	Total Hours	Authorised Name	Authorised Signature
Monday									
Tuesday									
Wednesday									
Thursday									
·									
Friday									
Saturday									
Sunday								Total Hours Worked:	
	On Time		1 poor to 5 Excellent			Additional I			
	Attitude		1 poor to 5 Excellent						
	Knowledgeable Team Participation		1 poor to 5 Excellent 1 poor to 5 Excellent						
	Performed Observation		1 poor to 5 Ex						
	Communication		1 poor to 5 Excellent						
	Dress Code		1 poor to 5 Excellent						
	Medico-leg	gal Documentation	1 poor to 5 Ex	cellent					
I am satisfied the Temporary worker performed adequately and professionally throughout the shift.									
	Signature:			Date:					
	Timesheets must be fully completed by Temporary Worker and authorised by an appropriate member of Client staff Deadline to return timesheet for payments is 12pm Monday for payment the following Friday								
	Separate ti	imesheets should be completed for each	establishment						
	timesheets	s@swiftstaffing-group.com							