

Agency Timesheet

Client / Facility Name:													
No	Print Staff Name (First name, Last name)	Role	Date (DD/MM/YY)	Area	Sign in	Start	Break	Finish	Total hrs	Sign out	Cost Centre	COVID-19 Vac? (tick)	Administration Signature
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Signing in - I am injury free at the time I sign in to start the shift. If I do have an injury, I have reported it to the RN on duty prior to commencing work. If I have not yet received an induction for this site I will request for one prior to commencing my shift.

Signing Out - I can confirm that I have received a site induction prior to the commencement of my shift. I have not incurred any injury during my shift. If I have incurred an injury, I have informed the RN on Duty and My Flex Health prior to leaving the facility.

Report an incident to My Flex Health within 24 hours of the event. Contact My Flex Health on (08) 9427 7500 for incident reporting.

Visit www.myflexhealth.com.au/forms/ to access Timesheets.

Please fax or email timesheets daily

By signing this timesheet, you are confirming that you have abided by the MOU terms and conditions to provide a site induction to any MFH staff that had worked on site.

Nursing Administration Signature

Please email your timesheets to: timesheets@myflexhealth.com.au

 **27 Brewer Street, Perth 6000**
 **9427 7500**
 **9427 7560**

