

## **Timesheet**

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS. Failure to correctly complete the timesheet accurately and clearly could delay payment. Timesheets must be received by 10AM on Monday.

Email your completed timesheet in PDF format to: payroll@lustrohealth.com

BREAK

FINISH

TIME

**CLIENT NAME** 

**CLIENT ADDRESS** 

**EXPENSES** 

BOOKING

REF.

STAFF

SIGNATURE

CLIENT

SIGNATURE

TOTAL

PAID HRS

STAFF NAME

JOB TITLE

DATE

START

TIME

	1						+	
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
			TOTAL HRS					
			1		I	<u> </u>	1	
	Lustro H	ealth Wor	ker Feedback	(this sectio	n is to be com	pleted by the	e Client/service	e)
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					authorizing ar			
					ormation this m	ay result in d	lisciplinary act	ion and
	I may be li	iable to pro	secution and o	ivil recovery	proceeding			
	Excellent	G	Good	Satisfact	ory	Unsatisfa	ctory	
Overall Performance	Excellent	G	Good	Satisfact	ory	Unsatisfa	ctory	
		G	Good	Satisfact	ory	Unsatisfa	ctory	
Overall Conduct/Behavio		G	Good	Satisfact	ory	Unsatisfa	ctory	
Overall Performance Overall Conduct/Behavio Timekeeping/ Reliability			Good	Satisfact	ory	Unsatisfa	ctory	
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