**Fortnight ending – Friday / /\_\_\_ \_ \_**

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| **Employee Name:** |  | **Client Name:** |  |

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| **DAY** | **DATE** | **Start/Finish**  *Please indicate am or pm for each shift* | | **WEEK DAY** | **WEEKEND** | **SERVICE TYPE** | **CLIENT SIGNATURE** | Office Use only | | |
| TOTAL ORDINARY HOURS | TOTAL WEEKEND HOURS | TOTAL ASSESSMENTHOURS |
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| I verify that the hours shown are the hours worked. | | | | | |  |  |  |  |  |

**Employee Signature:**

Please send your timesheets only once by mail:

Timesheets Spinal Injuries Association PO Box 5651, West End 4101

or Fax 07 3009 9960

or Email [payroll@spinal.com.au](mailto:payroll@spinal.com.au)