



www.firstchoicecare.com.au  
Level 9, 99 Mount Street  
North Sydney NSW 2060

STAFF NAME

QUALIFICATION (Please tick)

☐ RN ☐ RM ☐ EN ☐ AIN

DAY	DATE	SITE NAME	WARD WORKED	SHIFT DESCRIPTION (Please tick)	HOURS OF DUTY				SHIFT VERIFICATION	
					START *24hr CLOCK	END *24hr CLOCK	BREAK	TOTAL HOURS WORKED *EXCL. BREAKS	AUTHORISED WARD MANAGER/ IN CHARGE	
									NAME	SIGNATURE
				<input type="checkbox"/> RN <input type="checkbox"/> RM <input type="checkbox"/> EN <input type="checkbox"/> AIN						
PLEASE NOTE	1. All shifts worked must be signed off by client – unsigned timesheets may result in delayed payment. 2. Any corrections must be initialled by client. 3. Please submit timesheets for processing by 9am Monday Add to the app or email <a href="mailto:fccpayrollNSW@firstchoicecare.com.au">fccpayrollNSW@firstchoicecare.com.au</a> If you failed to submit your timesheet within 7 days, the timesheet becomes invalid and we are unable to process the payment.								FCC timesheet available for download from <a href="https://www.firstchoicecare.com.au/timesheets">https://www.firstchoicecare.com.au/timesheets</a>	