



VENCORP PLACEMENTS

Unseen Opportunity Realised

Department Application & Placement

Tel 087 150 5417
Mob 072 969 8392
Fax 086 299 1946
Email placementWC@vencorpgroup.co.za

TIMESHEET

Department Finance & Payroll

Tel 087 150 5417
Fax 086 299 1946
Email payrollWC@vencorpgroup.co.za

ID/PASSPORT NO *

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HEALTHCARE FACILITY *: _____

FULL NAME*: _____ SURNAME*: _____

Day	Date*	Work			Lunch Break #			Other Break*	Total Billable Hours*	Responsible Supervisor			
		Time Start*	Time End*	Total Hours*	Time Start*	Time End*	Total Hours*			Name*	Designation*	Signature*	
Monday	__ / __ / 20__												
Tuesday	__ / __ / 20__												
Wednesday	__ / __ / 20__												
Thursday	__ / __ / 20__												
Friday	__ / __ / 20__												
Saturday	__ / __ / 20__												
Sunday	__ / __ / 20__												
TOTAL*					TOTAL*								

SUPERVISOR NAME* : _____

SUPERVISOR DESIGNATION* : _____

LOCUM SIGNATURE* : _____

SUPERVISOR SIGNATURE* : _____

Basic Conditions of Employment Act 75 of 1997 requires a minimum break of 30 min after 5 hours of continuous work