



No.

INITIAL	INITIAL	DAY	DAY	MONTH	MONTH	YEAR	YEAR
DATE OF SHIFT							

Name			Registration				
Div / Year			Classification				
Date			Day				
Facility			Unit				
Time Start			Meal Break	Yes	No		
Time Finish			Total Hours				

I authorise the casual employment of the above health care professional

Sign Name _____

Print Name _____

M: PO Box 553 Kew 3101

PH: 1300 335 685

E: info@p-h-c.com.au

W: www.p-h-c.com.au

REMEMBER TO FILL OUT DOCKET NUMBER IN TOP RIGHT CORNER

REPLACEMENT DOCKET PROCEDURE

NO DOCKET BOOK

Upon request from you Passion will fax or email this document to you or the facility where you are working. You may have to advise PHC of the FAX number.

1. Fill out in Normal Way.

2. PLEASE NOTE THERE IS NO NUMBER IN THE TOP RIGHT HAND CORNER.

This NO. should be filled out in the following way:

WRITE your INITIALS then the DATE in short format.

EXAMPLE

Name: Elvis Presley

Date of Shift: 8 January 1935

This would be written as:

E P 0 8 0 1 3 5

This is very important to do and errors or omission will lead to delays in Payment.

3. Upon completion and signing by authorised client representative, photocopy one for your records and to submit to PHC and leave original with Client.

Any queries please contact us.

Kind Regards,
Passion HealthCare