## **ILS24 HEALTH CARE LTD**

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Date	CLIENT NAME	AM TIME IN	AM TIME OUT	PM TIME IN	PM TIME OUT	EVE TIME IN	EVE TIME OUT	BED TIME IN	BED TIME OUT	HOURS/ MINS	MANAGER SIGNATURE		Date	CLIENT NAME	AM TIME IN	AM TIME OUT	PM TIME IN	PM TIME OUT	EVE TIME IN	EVE TIME OUT
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## **ILS24 HEALTH CARE LTD**

STAFF TIMESHEET

STAFF FULL NAME:												
WEEK COMMENCING:												
Date	CLIENT NAME	AM TIME IN	AM TIME OUT	PM TIME IN	PM TIME OUT	EVE TIME IN	EVE TIME OUT	BED TIME IN	BED TIME OUT	HOURS/ MINS	MANAGER SIGNATUR	