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Centre Name: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this timesheet, relievers are acknowledging that they have been provided with, read and understood the policies and procedures of this centre, in particular those pertaining to the safety of the children and staff.

Date	Reliever Name	In	Lunch	Out	Total Hours	Qualified & Registered Y/N	Staff Signature
1							
2							
3							
4							
5							
6							
7							
8							

Manager/Supervisor Signature: ..... Date: .....

In signing this form Centre Managers/Supervisors acknowledge that they have ensured the relievers were aware of any OSH policies and procedures. Further they acknowledge that the relievers were adequately supervised while in the centre. (Relievers should not be left alone with children, and are expected to be visible at all times.)