



## Clinical Hours for Trainee Anaesthetic Technicians

*Dear payroll,*

*This information is required to determine the number of hours the trainee anaesthetic technician has been employed in that position.*

*It is to assist the NZ Anaesthetic Technician Society for registration examination purposes*

*Please complete all detail below and return to trainee named*

Full Name of Trainee \_\_\_\_\_

Employee Number \_\_\_\_\_

Employing DHB/Hospital \_\_\_\_\_

Employment start date \_\_\_\_\_

Hours worked from start date \_\_\_\_\_

Hours of Sick Leave taken from start date \_\_\_\_\_

Hours of Annual leave taken from start date \_\_\_\_\_

Hours of Other leave taken from start date \_\_\_\_\_  
*(acc, bereavement etc)*

Name of payroll clerk \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for you assistance with this requirement*

*NZATS Examination Committee*