ON-HIRED EMPLOYEE TIME SHEET

Payee Code:

Employee Name:

Client Name:

lame:

This section for office use only TOTAL MEAL DATE START DAY FINISH BREAKS HOURS EARLY AFT LATE AFT Travel 1.0 1.5 2.0 NIGHT SAT SUN OTE MON TUES WED THURS FRI SAT SUN Supervisor's Name & Position: TOTAL WEEKLY HOURS

Supervisor's Signature:

The above signature signifies acceptance of the total hours and the terms and conditions of Workforce Extensions

Comments:

O.H. & S. (This must be completed for Payroll to be processed)

1/ Did you undertake an induction when you first started work on this site?	Y/N
2/ Did you wear the required Personal Protective Equipment?	Y/N
3/ Were you involved in or witness any incident, accident or near miss?	Y / N

IMPORTANT NOTE: Office copy of time sheet must be received by 4pm on Monday. Time Sheets will be paid at the agreed rate into your bank account on Thursday

Conditions include: Rehire of an employee within 90 days must be through Workforce Extensions. Converting to Permanent incurs a Fee.

Send to launcestonpay@workext.com.au by 4pm Mondays

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Workforce Extensions | Launceston (T) (03) 6311 0127 launcestonpay@workext.com.au



Facility:

Position: