ON-HIRED EMPLOYEE TIME SHEET



| Week Ending: | / | / | |
|---------------|----|---|-------------|
| Employee Name | e: | | Department: |
| Client Name: | | | Supervisor: |

| DATE | START | FINISH | MEAL BREAKS | TOTAL HOURS | This section for office use only | | | |
|-----------------------|-------|--------|-----------------------|--|--|---|--|--|
| | | | | | 1.0 | 1.5 | 2.0 | Allowance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Employee's Signature: | | | TOTAL WEEKLY HOURS | | | | | |
| | | | | DATE START FINISH BREAKS BREAKS Grature: TOTAL | DATE START FINISH BREAKS HOURS gnature: TOTAL | DATE START FINISH BREAKS HOURS 1.0 1.0 1.0 1.0 | DATE START FINISH BREAKS HOURS 1.0 1.5 | DATE START FINISH BREAKS HOURS 1.0 1.5 2.0 |

Supervisor's Signature:

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

Comments:

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

IMPORTANT NOTE: Office copy of time sheet must be received by noon 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.

FRM - 106 - Timesheet (Weekly Format) V3 | 08/12/2022

ON-HIRED EMPLOYEE TIME SHEET

| | Workforce Extensions |
|--------------------|--------------------------|
| Workforce E | Extensions Braybrook |
| (T) 0/21 5/2 513 k | oraybrook@workeyt.com.au |

Week Ending: / /

Employee Name: Department:

Client Name: Supervisor:

| DAY | DAY DATE | START | FINISH | MEAL BREAKS | TOTAL HOURS | This section for office use only | | | |
|---------------|----------|-------|--------|-----------------------|----------------|----------------------------------|-----|-----|-----------|
| DAT | | | | | | 1.0 | 1.5 | 2.0 | Allowance |
| MON | | | | | | | | | |
| TUES | | | | | | | | | |
| WED | | | | | | | | | |
| THURS | | | | | | | | | |
| FRI | | | | | | | | | |
| SAT | | | | | | | | | |
| SUN | | | | | | | | | |
| mployee's Sig | gnature: | | | TOTAL WEEKLY HOURS | | | | | |

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

Comments:

Supervisor's Signature:

W.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? | Υ. | / | N |
| 3/ Were you involved in or witness any incident, accident or near miss? | Υ. | / | N |

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