ON-HIRED EMPLOYEE TIME SHEET

	7 W	orkí	force
	Ex	tens	sions
Wor	kforce Ext	tensions	Scoresby
(T) 0455 86	4 466 scor	esbv@wor	kext.com.au

Week Ending:	/	/		
Employee Name				г

Employee Name: Department: Client Name: Supervisor:

DAY DATE	DATE	CTART	FINISH	MEAL BREAKS	TOTAL HOURS	This section for office use only			
	DAIL	START				1.0	1.5	2.0	Allowance
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									
Employee's Si	gnature:			TOTAL WEEKLY HOURS					

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

Workforce

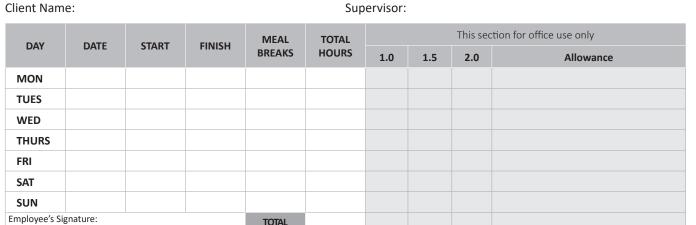
Workforce Extensions | Scoresby

(T) 0455 864 466 scoresby@workext.com.au

ON-HIRED EMPLOYEE TIME SHEET

Week Ending: / /

Employee Name: Department:



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)

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?	V / N

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.

WEEKLY HOURS