



# Weekly Time Sheet

Customer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employee: \_\_\_\_\_

Job Location: \_\_\_\_\_

Week Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shift: Day ☐ Night ☐ Arvo ☐

Work Times

Office Use Only

|           | Date | Job Description | Start               | Break | Finish | Total Hours | Total Norm | Total T*1.50 | Total Dble | Crib | Meals |
|-----------|------|-----------------|---------------------|-------|--------|-------------|------------|--------------|------------|------|-------|
| Monday    |      |                 |                     |       |        |             |            |              |            |      |       |
| Tuesday   |      |                 |                     |       |        |             |            |              |            |      |       |
| Wednesday |      |                 |                     |       |        |             |            |              |            |      |       |
| Thursday  |      |                 |                     |       |        |             |            |              |            |      |       |
| Friday    |      |                 |                     |       |        |             |            |              |            |      |       |
| Saturday  |      |                 |                     |       |        |             |            |              |            |      |       |
| Sunday    |      |                 |                     |       |        |             |            |              |            |      |       |
|           |      |                 | TOTAL HOURS WORKED: |       |        |             |            |              |            |      |       |

Important Note: Time sheet to be faxed mailed or emailed to the office no later than 9am Monday. Fax 03 9781 2009

Employee Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

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