

ON-HIRED EMPLOYEE TIME SHEET

Week Ending: / /

Employee Name:

Department:

Client Name:

Supervisor:

| DAY | DATE | START | FINISH | MEAL BREAKS | TOTAL HOURS | This section for office use only | | | |
|-------------------------|------|-------|--------|---------------------------|-------------|----------------------------------|-----|-----|-----------|
| | | | | | | 1.0 | 1.5 | 2.0 | Allowance |
| MON | | | | | | | | | |
| TUES | | | | | | | | | |
| WED | | | | | | | | | |
| THURS | | | | | | | | | |
| FRI | | | | | | | | | |
| SAT | | | | | | | | | |
| SUN | | | | | | | | | |
| Employee's Signature: | | | | 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)

- 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 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

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