ON-HIRED EMPLOYEE TIME SHEET



Employee Name:	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:

Week Ending:

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

Comments:

Week Ending:

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

	Norkforce
▼▼ E	Extensions
Workfor	ce Extensions Geelong
(T) (03) 4246 0460	geelong@workext.com.au

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									
mployee's Si	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/ D	id you undertake an induction when you first started work on this site? Y	//	N
2/ D	id you wear the required Personal Protective Equipment?	//	N
3/ W	/ere you involved in or witness any incident, accident or near miss?	1	'N

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