

# 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.

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