



SECURITY TIMESHEET

Name:							Office Use Only														
Week Ending:							Hours Paid							Hours Bill Out							
Day	Date	Venue	Start	Finish	Breaks	Total	Mon - Fri Day	Mon - Fri Night	Sat	Sun	O/T Time & Half	O/T Double Time	Other	Paid Stand-by breaks	Mon - Fri Day	Mon - Fri Night	Sat	Sun	O/T Time & Half	O/T Double Time	
Mon																					
Tues																					
Wed																					
Thurs																					
Fri																					
Sat																					
Sun																					
Total																					
							Mon - Fri Day	Mon - Fri Night	Sat	Sun	O/T Time & Half	O/T Double Time		Paid Stand-by breaks	Mon - Fri Day	Mon - Fri Night	Sat	Sun	O/T Time & Half	O/T Double Time	

Comments/Reports:

Employee Signature: _____ **Checked By:** _____ **Verified By:** _____

Total _____ **Bill out Total** _____

- Breaks M/F Day _____
- Breaks M/F Night _____
- Breaks Sat _____
- Breaks Sun _____
- Breaks O/T Time & Half _____
- Breaks O/T Double _____

= _____ Pay Total

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

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

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.