## **ON-HIRED EMPLOYEE TIME SHEET**



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:

Employee Name:

Week Ending:

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)

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**

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Week Ending: / / (T) (08) 6260 5903 osbornepar

Department:

Client Name: Supervisor:

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						1.0	1.5	2.0	Allowance	
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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? <b>Y</b>	//	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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