

DAILY EMPLOYEE TIME SHEET

Week Ending: / /

Employee Name:

Client Name:

Department/Ward:

Employee Position:

Supervisor Name & Role:

Shift (Please Circle)				Day (Please Circle)						
AM	PM	ND		MON	TUES	WED	THU	FRI	SAT	SUN
Date					D	D	M	M	Y	Y
Start (24 Hour Clock)										
Finish (24 Hour Clock)										
Meal Break										
Employee's Signature										
Supervisors's Signature										
Total Time Worked (Hours & Minutes)										

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: Photo of your Paper timesheet must be emailed to northadelaidehealth@workext.com.au at the end of week (Sunday)**Time Sheets will be paid at the agreed rate into your bank account on Thursday.**

Conditions include: Rehire of an employee must be through Workforce Extensions. Converting to Permanent incurs a Temp to Perm Fee.

Employee adhered to correct uniform requirements (Supervisor to tick) Y / N

FRM - 107 - Timesheet (Daily Format - Supervisor Sig) V4 | 29/03/2023

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