

**DAILY EMPLOYEE TIME SHEET**

Week Ending:    /    /

Employee Name:

Employee Position:



**Workforce Extensions | North Perth Health**  
(T) (08) 6388 2845 northperthhealth@workext.com.au

Client Name:

Department/Ward:

Supervisor Name & Role:

| DATE | START | FINISH | MEAL BREAKS | TOTAL HOURS | SUPERVISOR'S NAME | SUPERVISOR'S POSITION | SUPERVISOR'S SIGNATURE | Allowance |
|------|-------|--------|-------------|-------------|-------------------|-----------------------|------------------------|-----------|
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |

Employee'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: Photo of your Paper timesheet must be emailed to northperthhealth@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.

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

**DAILY EMPLOYEE TIME SHEET**

Week Ending:    /    /

Employee Name:

Employee Position:



**Workforce Extensions | North Perth Health**  
(T) (08) 6388 2845 northperthhealth@workext.com.au

Client Name:

Department/Ward:

Supervisor Name & Role:

| DATE | START | FINISH | MEAL BREAKS | TOTAL HOURS | SUPERVISOR'S NAME | SUPERVISOR'S POSITION | SUPERVISOR'S SIGNATURE | Allowance |
|------|-------|--------|-------------|-------------|-------------------|-----------------------|------------------------|-----------|
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |
|      |       |        |             |             |                   |                       |                        |           |

Employee'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: Photo of your Paper timesheet must be emailed to northperthhealth@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.

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