

WEEKLY EMPLOYEE TIME SHEET

Week Ending: / /

Employee Name:

Client Name:

Employee Position:

Department/Ward:

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

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