

WEEKLY EMPLOYEE TIME SHEET

Week Ending: / /

Employee Name:

Client Name:

Employee Position:

Department/Ward:



Workforce Extensions |Strathfield Health
(T) 1300 818 618 strathfieldhealth@workext.com.au

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 strathfieldhealth@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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