ON-HIRED EMPLOYEE TIME SHEET



Week Ending: / / P:(03) 9132 0253 melbournewest@workext.com.au

Employee Name:	Department:
Client Name:	Supervisor:

DAY	5475	CT4.DT	FINISH	MEAL BREAKS	TOTAL HOURS	This section for office use only			
	DATE	START				1.0	1.5	2.0	Allowance
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									
Employee's Si				TOTAL WEEKLY HOURS					

Supervisor's Signature:

The above signature signifies acceptance of the total hours and the terms and conditions of Workforce Extensions

Comments:

Week Ending:

Client Name:

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

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Workforce Extensions
Workforce Extensions | Melbourne West
P:(03) 9132 0253 melbournewest@workext.com.au

Employee Name: Department:

DAY	DATE	START	FINISH	MEAL BREAKS	TOTAL HOURS	This section for office use only			
						1.0	1.5	2.0	Allowance
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TUES									
WED									
THURS									
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SAT									
SUN									
Employee's Si	gnature:			TOTAL WEEKLY HOURS					
Supervisor's S	Signature:							,	

Supervisor:

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	′/	ľ
2/ Did you wear the required Personal Protective Equipment?	1/	ľ
3/ Were you involved in or witness any incident, accident or near miss? Y	′/	ľ

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