WEEKLY EMPLOYEE TIME SHEET



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Employee Name:

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Employee Position: Department/Ward:

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

Client Name:

Employee's Signature:

Week Ending:

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)

IMPORTANT NOTE: Photo of your Paper timesheet must be emailed to southsydneyhealth@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 - 115 - Timesheet (Weekly Format - Supervisor Sig) | 24/04/202

WEEKLY EMPLOYEE TIME SHEET

Workfo	rce
▼▼ Extensi	ons
Workforce Extensions South Sydney	Health
(T) 0421 729 533 southsydneyhealth@workex	t.com.au

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

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

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