ON-HIRED EMPLOYEE TIME SHEET

Payee Code:

Employee Name:

Client Name:

Position:

DAY	DATE	START	FINISH	MEAL BREAKS	TOTAL HOURS	This section for office use only								
						1.0	1.5	2.0	EARLY AFT	LATE AFT	NIGHT	MORNING	SAT	SUN
MON														
TUES														
WED														
THURS														
FRI														
SAT														
SUN														
Supervisor's Name & Position:				TOTAL WEEKLY HOURS										
Supervisor's Signature:														

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

Comments:

O.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: 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.

Send to launcestonpay@workext.com.au by midday (12.00pm) Mondays



(T) (03) 6311 0127 launcestonpay@workext.com.au

Facility: