

## WEEKLY EMPLOYEE TIME SHEET

Week Ending:     /     /

Employee Name:

Client Name:

Employee Position:

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 uploaded to the Candidate Portal 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) V4 | 22/03/2023

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Workforce Extensions | FNQ Health

T (07) 4019 7754 fnqhealth@workext.com.au

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