DAILY EMPLOYEE TIME SHEET

/



Week Ending: /

Employee Name:

Employee Position:

Client Name:

Supervisor Name & Role:

Shift (Please Circle)				Day (Please Circle)							
AM	РМ	ND		MON	TUES	WED	THU	FRI	SAT	SUN	
Date					D	D	Μ	M	Y	Y	
Start (24 Hour Clock)											
Finish (24 Hour Clock)											
Meal Break											
Employee's Signature											
Supervisors's Signature											
Total Time	e Worked (H	Hours & Min	utes)								
The above signature signifies acceptance of the total hours W.H. &				5. (This must be completed for Payroll to be processed)							

and the terms and conditions of Workforce Extensions Comments:

1/ Did you undertake an induction when you first started work on this site?	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?	Ν

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 - 107 - Timesheet (Daily Format - Supervisor Sig) V4 | 29/03/2023

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Shift (Please Circle)				Day (Please Circle)							
AM	PM	ND		MON	TUES	WED	тни	FRI	SAT	SUN	
Date					D	D	Μ	Μ	Y	Y	
Start (24 Hour Clock)											
Finish (24 Hour Clock)											
Meal Brea	k										
Employee	's Signature	2						-	-	0	
Superviso	rs's Signatu	re									
Total Time	e Worked (⊦	lours & Min	utes)								
The above signature signifies acceptance of the total hours and the terms and conditions of Workforce Extensions			ensions	W.H. & S. (This must be completed for Payroll to be processed)							

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Workforce

Workforce Extensions | FNQ Health

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