

DAILY EMPLOYEE TIME SHEET

Week Ending: / /

Employee Name:

Employee Position:

Client Name:

Department/Ward:

Supervisor Name & Role:



Workforce Extensions | Sunshine Health CCS

(T) (07) 5343 7969 sunshinehealth@workext.com.au

Table with columns for Shift (AM, PM, ND) and Day (MON-SUN), and rows for Date, Start, Finish, Meal Break, Signatures, and Total Time Worked.

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 emailed to sunshinehealth@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 - 107 - Timesheet (Daily Format - Supervisor Sig) V4 | 29/03/2023

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