ON-HIRED EMPLOYEE TIME SHEET

		Workfo Extens	
Wo	rkforce	Extensions Adel	aide CBD
(T) 0481	273 130	adelaidechd@worke	xt com au

week Ending:	/	/		

Employee Name: Department: Client Name: Supervisor:

DAY DA	5.475	CTART	FINISH	MEAL	TOTAL HOURS	This section for office use only			
	DATE	START	FINISH	BREAKS		1.0	1.5	2.0	Allowance
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									
Employee's Sig				TOTAL WEEKLY HOURS					

Supervisor's Signature:

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

Comments:

Week Ending:

Client Name:

W.H. & S. (This must be completed for Payroll to be processed)

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.

FRM - 106 - Timesheet (Weekly Format) V3 | 08/12/2022

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Workforce Extensions
Workforce Extensions | Adelaide CBD

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SAT									
SUN									
Employee's Si	gnature:			TOTAL WEEKLY HOURS					
Supervisor's S	ignature:								

Supervisor:

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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?	Υ,	/	N
2/ Did you wear the required Personal Protective Equipment?	Υ.	/	N
3/ Were you involved in or witness any incident, accident or near miss?	Υ,	/	N

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