

**This timesheet is 100% YOUR responsibility.**

**MUST be signed by SUPERVISOR & MUST be SUBMITTED to payroll before 9AM MONDAY**

**EMPLOYEE NAME:** \_\_\_\_\_ **WEEK ENDING: Sunday** \_\_\_\_ / \_\_\_\_ / 2018

Day	Date	Company Name	Site/Project Name	Start Time	Break Time eg. 30mins	Finish Time	Total Hours	Supervisor Name	Supervisor Signature	Purchase Order Number
Mon				: am/pm		: am/pm				
Tues				: am/pm		: am/pm				
Wed				: am/pm		: am/pm				
Thurs				: am/pm		: am/pm				
Fri				: am/pm		: am/pm				
Sat				: am/pm		: am/pm				
Sun				: am/pm		: am/pm				
Total Hours										

**OFFICE USE ONLY**

Client	Normal	OT @ T1.5	OT @ T2	Allowance (.....)	Allowance (.....)	Allowance (.....)	Allowance (.....)
<b>TOTAL</b>							

I certify that the details above on this timesheet are true and accurate and additionally that I have not sustained any injuries what so ever during the assignment and my assignment duties have not varied from the original assignment description.

**EMPLOYEE AUTHORISATION – If any of the above fields are incomplete or ineligible, your PAY may be DELAYED**

**SIGNATURE:** \_\_\_\_\_

SAFETY QUESTIONNAIRE	Yes	No
Were you inducted by the host employer?		
Has the host employer directed you to work in an unsafe environment?		
Have there been any injuries or near misses in the workplace?		
Has there been any activity in the workplace which is likely to endanger any employee?		
Has the Host Employer required you to undertake any activity outside of what you have been employed to do or are trained to do?		