



TIME SHEET

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EMPLOYEE'S NAME: PAY WEEK ENDING:/...../.....

WORKING FOR:

JOB ADDRESS:

	Start Time	Finish Time	Lunch	Start Time	Finish Time	TOTAL HOURS	Job or Order No.	Supervisor
WEDNESDAY								Signature:
DATE...../...../.....								Print:
THURSDAY								Signature:
DATE...../...../.....								Print
FRIDAY								Signature:
DATE...../...../.....								Print
SATURDAY								Signature
DATE...../...../.....								Print
SUNDAY								Signature
DATE...../...../.....								Print
MONDAY								Signature
DATE...../...../.....								Print
TUESDAY								Signature
DATE...../...../.....								Print:
TOTAL HOURS								Signature:
								Print::

SIGNED TIME SHEETS TO BE DELIVERED OR FAXED TO OUR OFFICE

NO LATER THAN 9.00am WEDNESDAY

White - Clients Copy, Yellow - Office Copy

Were there any Workplace Health & Safety Issues? YES/NO

SUPERVISOR TO COMPLETE

Please rate employee's work performance below:

Excellent	
Very Good	
Good	
Poor	
Please call to discuss	

Additional Comments:

Timesheets are legal documents. It is your responsibility to ensure that it is accurate and signed by both you and your supervisor.

I verify that the above hours are true and correct, and I confirm that I have not sustained a work related, hazard/incident/injury or change of job description.

Employee's Signature.....

I verify that the hours stated on this timesheet are correct and that the assignment was performed to my satisfaction

Client/Supervisor Signature.....

Purchase Order No:.....