

TIME SHEET

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MEN AT WORK



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 DATE...../...../.....								Signature:
								Print:
THURSDAY DATE...../...../.....								Signature:
								Print
FRIDAY DATE...../...../.....								Signature:
								Print
SATURDAY DATE...../...../.....								Signature
								Print
SUNDAY DATE...../...../.....								Signature
								Print
MONDAY DATE...../...../.....								Signature
								Print
TUESDAY DATE...../...../.....								Signature
								Print:
TOTAL HOURS								Signature:
								Print::

SIGNED TIME SHEETS TO BE DELIVERED OR EMAILED

NO LATER THAN 9.00am WEDNESDAY

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:.....