



# Weekly Time Sheet

Customer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Location: \_\_\_\_\_

Employee: \_\_\_\_\_

Week Ending: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shift: Day  Night  Arvo

Work Times

Office Use Only

	Date	Job Description	Start	Break	Finish	Total Hours	Total Norm	Total T*1.50	Total Dble	Crib	Meals
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
						TOTAL HOURS WORKED:					

Important Note: Time sheet to be faxed mailed or emailed to the office no later than 9am Monday. Fax 03 9781 2009

Employee Signature: _____	Supervisor's Signature: _____
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