



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:
---------------------	-------------------------

Address: The Chase Building, Suite 11/395 Nepean Highway Frankston Victoria 3199

Tel: 03 9781 2788 Fax: 03 9781 2009

Email: accounts@tarantomaison.com.au