Australian Work Force

EMPLOYEE/CONTRACTOR TIME SHEET

Phone: 1300 795 965 **Fax: 1300 004 049**

Certified System ISO 9001

******* PLEASE ENSURE ALL TIME SHEETS ARE SENT ON A DAILY BASIS! *******

CLIENT DETAILS	**JOB NO:**	**EMPLOYEE/CONTRACTOR DETAILS**	**EMP NUMBER:**
COMPANY NAME:		**FULLNAME:**	
SUPERVISOR NAME:		**CONTACT NUMBER:**	
CONTACT NUMBER:	**FAX NO:**	**POSITION:**	
SITE ADDRESS:			

	MON	TUES	WED	THURS	FRI	SAT	SUN
DATE							
START TIME							
FINISH TIME							
BREAKS							
TOTAL							

Hours been noted above are true and correct Supervisor (sign) _____Employee/Contractor (sign) _____

CUSTOMER FEEDBACK: _____

NOTES: _____

****** PLEASE NOTE A COPY OF THE TIME SHEET IS TO BE KEPT WITH THE CUSTOMER & EMPLOYEE/CONTRACTOR ******

Office Use Only

Time sheet number	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL	C/R	P/R
Hourly rate x 1										
Hourly rate x 1.5										
Hourly rate x 2										